



COUNTY BOROUGH OF BOLTON

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1948





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THE LOCAL HEALTH AUTHORITY,  
CIVIC CENTRE,  
BOLTON.

September, 1949.

To Councillor Dr. H. N. Savage J.P. (Chairman) and  
Members of the Health Committee:

LADIES AND GENTLEMEN,

I have the honour to present the Report for 1948, the seventy-seventh Annual Report on the Health of Bolton.

The vital and mortal statistics for the year continue to be satisfactory for a highly industrialised urban area. The number of births was 476 fewer than in the preceding year. The Birth Rate (17·4 per 1,000 of the population) was slightly lower than the rate for England and Wales. The Death rate of 13·23 per 1,000 of the population was appreciably higher than the average of 10·8 for England and Wales. The Infantile Mortality rate of 38·9 infant deaths per 1,000 births is low compared with figures recorded in past years, but is higher than the average of 34 for England and Wales. The Still-birth rate is slightly higher than last year, but is about half the rates recorded in Bolton prior to 1939.

The incidence of all infectious diseases except scarlet fever and measles remained low. The cases of scarlet fever and measles were of a mild type. For the first time in Bolton it is possible to report that there were no deaths from diphtheria during the year. There seems little doubt that the immunisation campaign during the last few years has played a leading part in reducing the incidence and mortality of diphtheria. There are grounds for hoping that in the near future the incidence of other infectious diseases may be

reduced by similar methods. Experimental work with a new whooping cough vaccine is stated to be very promising, and B.C.G. vaccine may open up a new avenue of attack in the fight against tuberculosis.

The National Health Service Act came into operation on July 5th, 1948, and completely recast the administration of the Health Services. The aim of the Act "is to make all the Health Services available to every man, woman and child in the population, irrespective of their age or where they live or how much money they have; and to make the total cost of the Service a charge on the National Income." The local authority hospitals were transferred to the Minister of Health on July 5th, 1948, and came under the control of the Manchester Regional Hospital Board. All the Bolton area hospitals are managed by the Bolton and District Hospital Management Committee on behalf of the Manchester Board. The General Medical Services, including the family doctor, the dentist, the ophthalmic services and the pharmacist are administered locally by the Bolton Executive Council.

The Local Authority has powers and duties in relation to :—

1. The Care of Mothers and Young Children
2. The employment of Certified Midwives for attendance on women in their homes as midwives
3. Health Visiting
4. Home Nursing
5. Vaccination and Immunisation
6. Ambulance Services
7. Prevention of Illness, Care and After-care
8. Domestic Help.

The value of the National Health Service will be judged by the efficiency of the service it gives to the people of our land. Difficulties are to be expected in the early stages of such a big undertaking, and already the local health authority is finding weaknesses in the scheme. In Bolton it is impossible to extend the

dental services to include priority treatment for expectant mothers and young children. Staff cannot be obtained to undertake the community care of those who are mentally ill. The dissociation of the Health Department from the Isolation Hospital makes the control of infectious disease more difficult. The unsettled relationship of the family doctor to immunisation against disease hampers any schemes for more efficient protection of the young population against preventable disease. There are various anomalies in the provision of Ambulance Services which call for reconsideration. Domestic Helps are asked to care for persons whose needs can only be met adequately by hospital treatment. With plenty of good will and hard work most of these difficulties will be resolved.

The general duties of the Health Department in relationship to environmental hygiene continue to present many problems. Bad housing remains the most serious menace to good health. The Sanitary Inspectors have worked most diligently in their attempts to rectify defects which occur, but often their most strenuous efforts produce results which give no grounds for real satisfaction. When a house is worn out, patching up is no substitute for demolition. It is hoped that it will soon be possible to commence a programme of clearance of slum areas which will supplement the programme of house building for ordinary needs.

Atmospheric pollution is a second great menace to good health. Although it is impossible to produce evidence which would satisfy the statisticians, there are good grounds for asserting that the dirt in Bolton's atmosphere contributes largely to the excessive number of deaths which occur from respiratory diseases. Emergency conditions and fuel shortage have made it difficult to prosecute a vigorous anti-smoke campaign. Circumstances now obtain which justify the Local Authority in using all its powers in the war against smoke. The help and co-operation of stokers and fire-beaters will be a very great aid in this war. The importance of their work in fuel economy and in the maintenance of a clean atmosphere is rarely appreciated. Effective smoke abatement would not only prevent many premature deaths every year, but would also give Bolton a new dignity and beauty.

The importance of healthy feeding is more and more recognised in its relationship to growth and the maintenance of health. Some experts feel that diet outweighs both heredity and climate in determining differences in people of the same race. The increasing amount of communal feeding magnifies the importance of the conditions under which food is prepared and sold. Particular attention has been paid to food preparation premises during the year.

In conclusion, I would again take the opportunity of recording my appreciation of the support and encouragement given by the Chairman, Vice-Chairman and Members of the Health Committee during the year under review.

I am, Ladies and Gentlemen,

Your obedient servant,

R. M. GALLOWAY,

*Medical Officer of Health and School Medical Officer.*



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## SUMMARY OF STATISTICS, 1948

## COUNTY BOROUGH OF BOLTON

Position	...	...	...	Lat. 53° 35' N. Long. 2° 27' W.
Elevation above sea level	...	...	...	230-ft. to 1,450-ft.
Geological Formation : Boulder Clay and Sand over Coal Measures.				
Rainfall (Av. 1887-1948, 44.489")	...	...	...	45.982
Area in Acres (Land and Inland Water)	...	...	...	15,280
Population (Census 1921)	...	...	...	178,683
„ (Census 1931)	...	...	...	177,250
„ (Estimated Civilian Population, 1948)	...	...	...	167,000
Inhabited Houses (Census 1921)	...	...	...	41,825
„ „ (Census 1931)	...	...	...	46,618
Private Families or Separate Occupiers (Census 1921)	...	...	...	42,635
„ „ „ „ (Census 1931)	...	...	...	47,706
New Houses Certified 1948	...	...	...	626
Existing buildings altered to provide dwelling accommodation, 1948	...	...	...	6
Estimated No. of Houses in the Borough at 31st December, 1948	...	...	...	53,925
Rateable Value at 1st October, 1948	...	...	...	£1,102,032
Sum represented by a Penny Rate (1947-48)	...	...	...	£4,275
Births	...	...	...	2,906
Birth-rate (per 1,000 of population)	...	...	...	17.4
Deaths	...	...	...	2,209
Death-rate (Crude) (per 1,000 of population)	...	...	...	13.23
Still-Births...	...	...	...	80
Still-Birth Rate (per 1,000 total Births)	...	...	...	26.79
Average Death-rate (1939-1948)	...	...	...	14.4

*SUMMARY—Continued.*

Heart and Circulation Death-rate	...	...	...	...	3.82
Cancer Death-rate...	...	...	...	...	2.20
Respiratory Death-rate	...	...	...	...	1.52
Phthisis Death-rate	...	...	...	...	0.37
Infantile Mortality (Deaths under one year per 1,000 live births)	...	...	...	...	38.2
Diarrhœa Death-rate (Deaths under two years per 1,000 live births)	...	...	...	...	2.06
Puerperal Death-rate (per 1,000 total births)	...	...	...	...	1.34

**ENGLAND AND WALES :—**

Birth-rate (per 1,000 civilian population)	...	...	17.9
Death-rate (per 1,000 civilian population)	...	...	10.8
Infantile Mortality (Deaths under one year per 1,000 live births)	...	...	34
Diarrhœa and Enteritis (under two years), Death-rate per 1,000 live births	...	...	3.3

## STATISTICS

### Births

There were 2,906 live births to Bolton residents in 1948, 1,483 being males and 1,423 females. The birth-rate per 1,000 of the population was 17·4. 901 births occurred to Bolton residents in Townleys Hospital, 279 in Haslam Maternity Home, 350 in Havercroft Maternity Home, and 345 in Heaton Grange Maternity Home.

### Still-births

The number of still-births in Bolton in 1948 was 80, giving a still-birth rate of 26·79 per 1,000 total births.

### Deaths

Bolton had 2,209 deaths (1,102 males, 1,107 females) in 1948, giving a crude death-rate of 13·23 per 1,000 of the population.

During the year, 532 persons, whose usual place of residence was in the area of this County Borough, died outside the Borough; of these, 450 died in Townleys Hospital or Fishpool Institution and 23 died in Mental Hospitals and hospitals for mental defectives.

Non-residents who died in the area numbered 122.

### SUMMARY OF THE PRINCIPAL CAUSES OF DEATH, 1948

	No. of Deaths	Per cent. of total Deaths
INFECTIOUS AND PARASITIC DISEASES ...	90	4·074
Measles ... ..	1	·045
Diphtheria ... ..	—	—
Influenza ... ..	2	·090
Pulmonary tuberculosis ... ..	62	2·807
Other forms of tuberculosis ... ..	8	·362
Syphilis ... ..	6	·272
Other infectious and parasitic diseases ...	11	·498

	No. of Deaths	Per cent of total Deaths
CANCER AND OTHER TUMOURS ... ..	368	16·659
Cancer ... ..	360	16·297
Tumours (non-malignant or undetermined)	8	·362
RHEUMATISM, DISEASES OF NUTRITION, ETC. ...	39	1·765
Rheumatic fever ... ..	9	·407
Chronic rheumatism, osteo-arthritis, etc....	5	·226
Diabetes ... ..	18	·815
Diseases of Thyroid... ..	3	·136
Other diseases ... ..	4	·181
DISEASES OF THE BLOOD AND BLOOD FORMING		
ORGANS ... ..	20	·905
Anæmias ... ..	13	·588
Leukæmia, aleukæmia ... ..	4	·181
Other diseases ... ..	3	·136
DISEASES OF THE NERVOUS SYSTEM AND SENSE		
ORGANS ... ..	283	12·811
Convulsions in children under 5 years of age	1	·045
Cerebral hæmorrhage ... ..	178	8·058
Cerebral embolism and thrombosis ... ..	63	2·852
Mental disorders and deficiency ... ..	3	·136
Epilepsy ... ..	1	·045
Other diseases ... ..	37	1·675
DISEASES OF THE CIRCULATORY SYSTEM ...	639	28·927
Heart diseases ... ..	607	27·478
Arterio-sclerosis ... ..	14	·634
Gangrene ... ..	3	·136
Other diseases ... ..	15	·679
DISEASES OF THE RESPIRATORY SYSTEM ...	255	11·544
Bronchitis ... ..	130	5·885
Pneumonia ... ..	72	3·259
Pleurisy ... ..	4	·181
Congestion of lungs, etc. ... ..	10	·453
Asthma ... ..	17	·769
Other diseases ... ..	22	·996

	No. of Deaths	Per cent of total Deaths
<b>DISEASES OF THE DIGESTIVE SYSTEM ...</b>	<b>68</b>	<b>3·078</b>
Ulcer of the stomach or duodenum ...	16	·724
Diarrhœa and enteritis ... ..	8	·362
Appendicitis ... ..	2	·090
Hernia and intestinal obstruction ...	16	·724
Cirrhosis of the liver ... ..	4	·181
Diseases of the gall bladder and ducts ...	6	·272
Other diseases ... ..	16	·724
<b>DISEASES OF THE URINARY AND GENITAL SYSTEMS...</b>	<b>75</b>	<b>3·395</b>
Nephritis ... ..	44	1·992
Diseases of the prostate ... ..	14	·634
Other diseases ... ..	17	·769
<b>THE PUERPERAL STATE ... ..</b>	<b>4</b>	<b>·181</b>
<b>DISEASES OF THE SKIN AND CELLULAR TISSUE</b>	<b>3</b>	<b>·136</b>
<b>CONGENITAL MALFORMATIONS ... ..</b>	<b>14</b>	<b>·634</b>
<b>DISEASES OF EARLY INFANCY ... ..</b>	<b>58</b>	<b>2·625</b>
Congenital debility ... ..	4	·181
Premature birth ... ..	36	1·629
Injury at birth ... ..	3	·136
Other diseases ... ..	15	·679
<b>OLD AGE ... ..</b>	<b>212</b>	<b>9·597</b>
<b>DEATHS FROM VIOLENCE...</b>	<b>74</b>	<b>3·349</b>
Suicide ... ..	15	·679
Accidents ... ..	57	2·580
Other violent deaths ... ..	2	·090
<b>MISCELLANEOUS CAUSES ... ..</b>	<b>2</b>	<b>·090</b>

### Deaths from Puerperal Causes

Maternal mortality is the number of deaths of women classed to pregnancy and child-bearing. It is expressed as the rate per 1,000 births (live and still).

There were 4 deaths from puerperal causes in 1948, giving a maternal mortality-rate of 1·34. The rate for England and Wales was 1·02.

	Deaths	BOLTON Rate per 1000 total births	ENGLAND & WALES Rate per 1000 total births
Puerperal sepsis ...	—	—	0·24
Other puerperal causes	4	1·34	0·78
Total ...	4	1·34	1·02

### Death-rate of Infants under One Year of Age

The death-rate of infants is expressed as the number of deaths under one year per 1,000 live births, and is called the infantile mortality-rate. There were 111 such deaths during the year.

Bolton's infant mortality-rate for 1948 was 38·2. The figure for England and Wales was 34.

Of Bolton's 2,906 live births, 2,791 were legitimate and 115 illegitimate.

The infantile mortality amongst the legitimate children was 36·5, and amongst the illegitimate 78·3.

### Deaths under Four Weeks

The part of the infantile mortality which occurs in the first four weeks of life is called the neo-natal mortality. There were 22·02 deaths of infants under 4 weeks per 1,000 live births.

The causes of death during the first four weeks of life were as follows :—

CAUSES OF DEATH	0—7 days	8—14 days	15—21 days	22—28 days	Total under 29 days
Pneumonia ...	1	—	1	—	2
Diarrhoea and Enteritis ...	1	—	1	—	2
Injury at Birth ...	3	—	1	—	4
Atelectasis ...	6	—	—	—	6
Congenital Malformations...	2	1	—	—	3
Premature Birth ...	34	1	—	—	35
Other Diseases ...	10	—	2	—	12
Totals ...	57	2	5	—	64



## DEATHS FROM CANCER, 1948

The following table shows the age and sex distribution of all persons who were certified as having died of cancer in Bolton in 1948. The table also shows the localization of the disease.

LESION	SEX		AGE																				55 and upwds
			0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80				
	M.	F.	to 5	to 10	to 15	to 20	to 25	to 30	to 35	to 40	to 45	to 50	to 55	to 60	to 65	to 70	to 75	to 80	to 85				
ORAL CAVITY : with ... ..	1		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...				
	—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
ORAL CAVITY : without ... ..	—	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...				
	5		...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	...	...				
ORAL CAVITY : without ... ..	—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
	3		...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1				
ORAL CAVITY : without ... ..	—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
	9		...	...	...	...	...	...	...	...	...	...	...	1	1	2	4	...	1				
ORAL CAVITY : without ... ..	1		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...				
	4		...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...				
ORAL CAVITY : without ... ..	2		...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...				
	37		...	...	...	...	...	...	...	1	1	6	4	4	8	7	5	1	...				
ORAL CAVITY : without ... ..	32		...	...	...	...	...	...	...	2	...	...	3	3	7	9	1	5	2				
	23		...	...	...	...	...	...	...	1	1	...	3	2	12	...	1	1	...				
ORAL CAVITY : without ... ..	51		...	...	...	...	...	...	...	3	3	2	3	6	6	7	14	6	1				
	10		...	...	...	...	...	...	...	...	...	1	1	1	2	4	1	...	...				
ORAL CAVITY : without ... ..	10		...	...	...	...	...	...	...	...	...	1	2	3	3	1	...	...	...				
	3		...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...				
ORAL CAVITY : without ... ..	9		...	...	...	...	...	...	...	1	...	...	1	2	2	2	1	...	...				
	6		...	...	...	...	...	...	...	1	...	2	...	2	1	...	...	...	...				
ORAL CAVITY : without ... ..	5		...	...	...	...	...	...	...	...	...	2	2	1	...	...	...	...	...				
	2		...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...				
ORAL CAVITY : without ... ..	1		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...				
	85		...	...	...	...	...	...	...	1	3	9	7	11	14	28	9	2	1				
DIGESTIVE ORGANS	110		...	...	...	...	...	...	...	5	4	3	8	16	21	20	18	12	3				

## DEATHS FROM CANCER, 1948—continued

## AGE AND SEX DISTRIBUTION AND LOCALIZATION OF DISEASE

LESION	SEX		AGE																				85 and 95 and
	M.	F.	0 to 5	5 10	10 15	15 20	20 25	25 30	30 35	35 40	40 45	45 50	50 55	55 60	60 65	65 70	70 75	75 80	80 85				
RESPIRATORY ORGANS :	1														1								
Larynx ... ..		2															1		1				
Lungs ... ..	33									1	1	9	7	6	5	4							
		2								1				1									
TOTAL—RESPIRATORY ORGANS	34									1	1	9	7	7	5	4							
		4								1				1		1		1					
FEMALE GENITAL ORGANS :																							
Uterus ... ..	22								1		1	2	4	2	2	6	2		1				
Ovary ... ..	5													2	1	2							
Vulva... ..	2																		2				
TOTAL—FEMALE GENITAL ORGANS ... ..	29								1		1	2	6	3	4	6	2	2	1				
BREAST ... ..	—																						
	37							1		1	1	2	7	7	6	5	4	3					
MALE GENITAL ORGANS :																							
Scrotum ... ..	1									1													
Penis ... ..	1																		1				
Prostate ... ..	7															1	3		2	1			
TOTAL—MALE GENITAL ORGANS	9									1						1	3		3	1			
URINARY ORGANS ... ..	8											1		2	2	1	1	1					
		6								1						2	2		1				
SKIN ... ..	3																2						
		4															1		1	1			
OTHER OR UNSPECIFIED ORGANS ... ..	6				1						1		1		2	1							
		13	1						1		2	1		1	2	1	1	2	1				
TOTAL—MALES ... ..	154			1						2	3	13	17	16	22	26	31	17	3				
TOTAL—FEMALES ... ..		204	1					1	2	2	10	9	16	20	30	37	27	29	15				
TOTAL—BOTH SEXES ... ..	358		1	1				1	2	4	13	22	33	36	52	63	58	46	18				

## GENERAL PROVISION OF HEALTH SERVICES

The National Health Service Act, 1946, came into operation on the 5th July, 1948, and completely changed the pattern of the Health Services in this Country. The Act makes provision for the services of doctors, dentists, pharmacists and opticians for everybody free at the time of need. It also gives the Minister of Health power to take over and run all hospitals, whether voluntary or local authority. The Act places certain duties on Local Health Authorities.

All Local Authority Hospitals were transferred to the Minister of Health on July 5th, 1948. "Hospital" as defined in the Act includes Tuberculosis and Venereal Diseases Clinics. Bolton Corporation handed over Townleys Hospital and most of Fishpool Institution, the Borough Isolation Hospital, Haslam, Havercroft and Heaton Grange Maternity Homes, the Tuberculosis Dispensary and the Venereal Diseases Clinics. The Minister divided the hospitals in England and Wales into the areas of fourteen Regional Hospital Boards. Bolton Hospitals are in the Manchester (No. 13) region. This region is again divided into the areas of Hospital Management Committees, one of the largest being the Bolton and District Hospital Management Committee. The group of hospitals managed by the Committee includes the former local authority hospitals, the Bolton Royal Infirmary, the Edmund Potter and the Blair Convalescent Homes, Wilkinson's Sanatorium, Peel Hall Sanatorium and Fall Birch Hospital.

The activities of a local authority which arise out of the National Health Service Act are :—

- The Care of Mothers and Young Children ;
- A service of Domiciliary Midwifery ;
- Health visiting ;
- Home Nursing ;
- Vaccination and Immunisation ;
- Ambulance Services ;
- The Prevention of Illness, Care and After-care, particularly in relation to Tuberculosis and Mental Illness ; and
- A Domestic Help Service.

In addition, the duty of providing Health Centres is placed on local health authorities. Some of these duties are extensions of existing

ones. Others—Home Nursing, a free Ambulance Service, the Care and After-care of Mental Illness and the provision of Health Centres—are new to Bolton.

There are many contacts between the local health authority and the hospital services which will have to be developed in the light of experience. In general, the local health authority is to have increased responsibility for the personal care and after-care of people in their homes. In addition, it retains all its old powers for the supervision of general environmental conditions. When it is possible to proceed with the provision of Health Centres, the local authority in conjunction with Executive Councils may be able to provide for the special needs and requirements of the general medical services in Bolton with a knowledge of local conditions not easily available to a national organisation.

The "Proposals" submitted to the Minister of Health by the Bolton Local Health Authority for carrying out their duties under Sections 21 to 29 of the Act are printed as an appendix to this report.

## MATERNITY AND CHILD WELFARE

### Domiciliary Midwifery and Ante-Natal Work

The following figures give a statistical summary of the work in relation to domiciliary midwifery for the year :—

- (a) Ante-natal clinics—Public Health Department (2 weekly).  
301 expectant mothers attended and made 1,118 attendances.  
195 X-ray examinations were made in the department.
- (b) Confinements conducted by midwives.  
898 confinements were conducted by midwives.
- (c) Confinements conducted by medical practitioners.

In addition to the 272 cases where practitioners were called in by the midwives, the doctors conducted approximately 118 confinements in patients' homes.

The following table gives particulars of the domiciliary midwives' work during the year :—

No. of midwives who have practised...	...	...	21
No. of cases attended ...	...	...	1,026
No. of cases receiving Gas and Air Analgesia	...	...	270
Average No. of cases per midwife	...	...	49
No. of calls for medical aid	...	...	272
Per cent. of cases in which medical aid was sought	26·5%	...	
No. of midwives on the register at the beginning of the year	...	...	22
No. who ceased to practise in Bolton	...	...	—
No. on the register at the end of the year	...	...	23

Included in the above are 52 cases attended by the midwives as maternity nurses.

The following 311 notifications were received from domiciliary midwives in accordance with the regulations of the Central Midwives Board :—

Medical assistance	...	...	...	272
Still-births	...	...	...	13
Artificial feeding	...	...	...	22
Death of mother or child	...	...	...	4

### MUNICIPAL MIDWIVES

The National Health Service Act placed a duty on local health authorities to provide a free service of midwives to mothers in their own homes. It was anticipated that the demand for service from the Municipal Midwives would increase because it was free, and that the Private Midwives would rapidly lose all their practice. In the five years 1943 to 1947 inclusive, the midwives in private practice had attended an average of 531 cases each year and the Municipal Midwives

attended an average of 630 cases a year. The Committee anticipated that they would have to provide for all the cases as a result of the operation of the new Act. The number of Municipal Midwives was increased to fourteen and arrangements were made to employ two of the Private Midwives in a part-time capacity with payment on a case basis.

Events have not followed the course which the Committee anticipated. The Birth Rate has been substantially lower than in 1947. There has been an over all reduction in the number of confinements in the home and there has been no increased demand on the service of the Municipal Midwives. It must now be assumed that mothers will continue to prefer confinement in hospital. On financial grounds alone, the hospital is attractive. No charge of any sort is made for maintenance or treatment, whereas the mother confined at home has to pay for the domestic help she needs and for her own food. It seems likely that the Local Health Authority will now have to reduce its staff of Municipal Midwives.

During the year the fourteen Municipal Midwives booked 698 cases, 667 as Midwives' cases and 31 in which they acted as Maternity Nurses.

The Midwives paid 19,504 ante-natal and post-natal visits to their patients during the year.

#### DENTAL TREATMENT FOR EXPECTANT MOTHERS.

Thirty-five clinics were held for expectant mothers who were in need of dental treatment and unable to make their own arrangements with private dentists. One hundred and eighty-three attendances were made by 41 women. Twenty-one dentures were supplied, 35 fillings made, 65 scalings, dressings and gum treatment given, and 175 teeth extracted.



## HEALTH VISITORS.

The following table shows the work done by the Health Visitors :—

## VISITS BY HEALTH VISITORS.

Primary birth enquiries	...	...	...	...	3,122
Visits to children, 1—5 years...	...	...	...	...	10,547
Primary visits to expectant mothers...	...	...	...	...	347
Re-visits to infants under 1 year	...	...	...	...	7,280
Re-visits to expectant mothers	...	...	...	...	187
Visits to puerperal pyrexia cases	...	...	...	...	9
Visits to ophthalmia cases	...	...	...	...	9
Death enquiries made (under one year of age)	...	...	...	...	81
Visits to midwives' houses	...	...	...	...	22
Infant Life Protection	...	...	...	...	64
Miscellaneous visits	...	...	...	...	2,990
Total Visits	...	...	...	...	24,658

In addition to their visits to homes, the Health Visitors were in regular attendance at the various clinics during the year. They made 978 attendances at Child Welfare Centres, 222 at Ante-natal Clinics, 79 at Immunisation Clinics and 9 at Post-natal Clinics.

## Child Welfare Clinics

Centre	Average attendance per session	Total Number of children who first attended at centre during year and who, on date of their first attendance were		Total Number of attendances by children	
		under 1 year	between 1 and 5	Under 1 year	Between 1 and 5
Civic Centre (1)	73.7	241	29	2854	539
Chalfont Street	61.2	151	12	2351	407
Halliwell	67.8	196	11	2884	306
Rosehill	81.6	180	8	3112	727
Civic Centre (2)	57.4	223	46	2032	669
Trinity Methodist	51.3	132	20	1722	640
Deane	66.3	152	8	2726	328
Daubhill	60.3	181	17	2550	227
Delph Hill	73.3	174	20	2501	873
Tonge Moor	53.6	148	11	2248	221
High Street	46.4	76	22	807	214
Chorley Old Road	47.7	22	7	320	102
	740.6	1876	211	26107	5253
		2087		31360	

## MASSAGE AND ARTIFICIAL SUNLIGHT TREATMENT FOR INFANTS

Treatment is provided in the Central Massage and Light Clinic of the Department for debilitated and rickety children attending the Child Welfare Centres.

During 1948, 593 children received a total of 2,560 treatments at 272 sessions of the Massage Clinic. 415 children were given 2,628 treatments by artificial sunlight.

### PREMATURE INFANTS.

Prematurity of birth is the direct cause of almost half the infant deaths in the first four weeks of life and is a contributing cause to the death of other infants. Infants weighing less than  $5\frac{1}{2}$  lbs. at birth are regarded as premature. There were 152 premature births notified amongst the 2,906 total births in Bolton during the period under review. Forty-four of the premature babies were born at home and 108 in hospital. Twelve of the premature babies born at home were subsequently removed to hospital.

Six of the 44 premature babies born at home died during the first twenty-four hours of life. Twenty-nine survived at the end of one month. Twenty of the 108 babies born in hospital died during the first twenty-four hours. Seventy-four survived at the end of one month. Sixty-six per cent of the premature babies born at home and 68.5% of those born in hospital survived the first month of infancy.

## DAY NURSERIES

Bolton has been interested in nursery provision for many years. The first nursery was opened in June, 1918, in Nuttall House, Wentworth Street, by the Bolton Day Nursery Association. The Nursery was moved to 41, Arkwright Street in 1931, and was given to the Corporation in 1936.



During the war the Local Authority planned and administered seven War-time Nurseries which were maintained wholly by government grant. In March, 1946, the War-time Nursery Service came to an end but the Health Authority decided to retain the following four as a part of their Child Welfare Service :—

Arkwright Street  
Newport Street  
Shaw Street  
Park House.

More recently the demand for married women workers in the Cotton Industry has made nurseries more important than ever as it is essential that the young children of married women workers should be properly cared for. During the year under review, the Nurseries and Child-Minders Regulation Act, 1948, placed new responsibilities on the Corporation. A Local Health Authority may establish nurseries to cater for young children in its area but it is not part of its duty to provide for the exclusive needs of a particular firm or industry. Factories which could only meet their labour requirements by the employment of young married women found themselves compelled to provide factory nurseries for the young children of their employees. The Act gave Local Health Authorities powers and duties in relation to registration and supervision of these nurseries. It also provided powers for the supervision of Child-Minders. In Bolton and in other Lancashire cotton towns, there is now very little "child-minding" except by relations, and the parts of the Act dealing with Child-Minding have very little practical application.

During the year, six mill nurseries were registered. All of them provide excellent service. In one case the buildings are unsatisfactory, but a new building is being erected to replace the improvised quarters which are being used at the present time.

The Local Health Authority has been making provision for an extension of its own Nursery Services. Work was proceeding on the building of three new nurseries at Merehall, Cotton Street and Roxalina Street. Although none were ready for use during the year under review, good progress was made towards completing them the following year.

The Nursery accommodation provided by the Authority was as follows :—

Arkwright Street Nursery	...	...	44 places
Newport Street Nursery	...	...	60 places
Shaw Street Nursery	...	...	50 places
Park House Nursery	...	...	50 places

Included in the accommodation at Park House is resident accommodation for children for short periods during domestic emergencies.

Three of the Nurseries—Arkwright Street, Shaw Street and Park House—are training centres for the National Nursery Examination Board's Certificate and work in co-operation with the Nursery Section of the Education Department. Twelve nurses obtained the Board's Certificate during the year.

## HOME NURSING

The National Health Service Act, 1946, places a duty on the Local Health Authority to make provision in its area for securing the attendance of nurses on persons who require nursing in their own homes.

The Bolton District Nursing Association has provided home nursing since 1888. For sixty years the Association was maintained by voluntary effort and gave service of a nature and of a quality which earned the gratitude and appreciation of Bolton residents. The Association was affiliated to the Queen's Institute of District Nursing and the Home became a key training centre for the Queen's Institute. The work of Miss Jean Crook as Secretary, and of Mrs. Alfred Nuttall as Financial Secretary, helped to maintain the high standard of the work of the Association during the difficult war years. When the Local Health Authority considered its duties in relation to Home Nursing under the National Health Service Act, it found that the Committee of the Nursing Association was quite prepared to transfer its property and its staff for administration by the Authority. The Nursing Association proposed to give its property to the Local

Health Authority. Unfortunately, this has not been possible as the Charity Commissioners have withheld their consent to the making of the gift. Although the District Nurses' Home was acquired and maintained out of money freely given by Bolton people for the purpose of providing a Home Nursing Service, the Charity Commissioners apparently find it impossible to allow the free transfer of the Nurses' Home to the Local Health Authority who now have the duty of providing a Home Nursing Service. It has been necessary for the Local Authority to purchase the property from the District Nursing Association at full market price.

The Local Health Authority is continuing the Home Nursing Service and has made no substantial changes in the excellent methods and practice of the former District Nursing Association. The connection with the Queen's Institute of District Nursing is being maintained and Bolton Local Health Authority is now in Membership with the Queen's Institute.

During the year, nursing in the home was provided for all cases of illness, other than certain infectious diseases and maternity nursing.

2,339 cases were nursed and a total of 79,516 visits paid. The nurses were also present at 25 operations.

### DOMESTIC HELP SERVICE

During the year the Domestic Help Service has been greatly extended. This activity was started in Bolton twenty years ago, to provide home help for mothers in their own homes during the lying-in period. The helper assumed responsibility for the daytime management of the home for fourteen days from the time of the mother's confinement. During the war, the Service was extended to homes where there was serious illness and to old and infirm persons who were unable to manage without some help. The Service meets a need which has always existed. During recent years the need has become more acute with the increasing difficulty of finding relations or paid workers who are willing to undertake domestic work for the infirm or the sick. During the year under review, the number of domestic helpers has varied but has averaged 120. The training of the workers in the Service has exercised the mind of the Committee.

An Evening Course of instruction was arranged at the Clarence Street Women's Institute, through the courtesy of the Education Committee. The Course was very helpful but it became obvious that Evening Classes were not suitable for women who had done a full day's domestic work and who, in many cases, had their own personal home duties as well. The Committee has decided that future instruction classes are to be held in the daytime.

During the year under review, Domestic Helpers assisted in 697 homes, including 577 for the first time. Of the new cases, 265 were maternity and 312 general sickness, infirmity and senility.

Fees are recovered for the services provided in accordance with a Scale of Charges approved by the Council. The following table shows the number of cases where the service was provided free of charge, at part cost or at full cost.

#### Domestic Helpers for Maternity Cases

No. provided free of charge	...	...	...	56
„ „ and part cost recovered	...	...	...	192
„ „ „ full „ „	...	...	...	17
Total				265

#### Domestic Helpers Provided for Sickness and Infirmity

No. provided free of charge	...	...	...	176
„ „ and part cost recovered	...	...	...	101
„ „ „ full „ „	...	...	...	35
Total				312

#### AMBULANCE SERVICE

The following tables show a summary of the work carried out by the department during the year. Prior to the operation of the National Health Service Act on July 5th the journeys to the various hospitals were classed separately. After July 5th the journeys were classed to the local authority for whom service was being provided.

## January 1st to July 4th, 1948

	Cases	Miles
Public Health Miscellaneous ... ..	468	3,678
Social Welfare ... ..	133	997
Townleys Hospital ... ..	1,926	14,727
Maternity Homes ... ..	382	2,954
Bolton Royal Infirmary... ..	4,660	13,732
Borough Isolation Hospital ... ..	359	3,077
Miscellaneous ... ..	503	5,314
Total ... ..	8,431	44,479

## July 5th to December 31st, 1948

	Cases	Miles
Local Borough Cases :		
Emergency		
(Maternity and Accident) ... ..	1,399	7,064
Other Cases		
(including Infectious Disease) ... ..	7,465	26,234
County Cases :		
Emergency		
(Maternity and Accident) ... ..	228	2,327
Other Cases		
(including Infectious Disease) ... ..	590	6,593
Turton Cases :		
Emergency		
(Maternity and Accident) ... ..	60	668
Other Cases		
(including Infectious Disease) ... ..	421	2,454
Miscellaneous Journeys : ... ..	578	6,035
Total ... ..	10,741	51,375

## SANITARY INSPECTION

The nature and extent of the work done by the Sanitary Inspectors is shown in the following statement :—

INSPECTIONS....	38,964
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### ACTION TAKEN.

Verbal notices ...	869
Informal notices served ...	2,344
Legal notices served ...	3,843
	7,056

## RESULT OF ACTION

### DWELLINGS.

Repairs to floors, walls, ceilings, roofs, spouting ...	3,502
Additional windows provided... ..	11
Windows repaired or made to open ... ..	765
Sinks provided ... ..	34
Verminous houses disinfested... ..	217

### DRAINAGE, CLOSETS, ASHPITS, ETC.

Drains cleansed or repaired ... ..	303
Yards drained, paved or repaired ... ..	24
Additional W.C's provided ... ..	32
W.C's reconstructed or repaired ... ..	372
Flushing cisterns provided or repaired ... ..	88
Closets converted ... ..	71
Ashpits abolished ... ..	1,860
Dustbins provided ... ..	3,475

## VARIOUS.

Smoke nuisances abated	...	...	...	...	2
Nuisances from animals abated	...	...	...	...	1
Offensive accumulations removed	...	...	...	...	7
Improvements in factories, shops and food premises					124
Cowshed or dairy improvements	...	...	...	...	11
Miscellaneous	...	...	...	...	1,163
					<hr/> 12,062 <hr/>

## DISINFECTIONS.

Houses disinfected	...	...	...	...	...	725
Beds disinfected	...	...	...	...	...	720
Articles disinfected	...	...	...	...	...	1,803
Rooms disinfected	...	...	...	...	...	605
Articles destroyed	...	...	...	...	...	293

## PLACES UNDER INSPECTION.

Common lodging-houses	...	...	...	...	...	8
Houses-let-in-lodgings	...	...	...	...	...	88
Factories without mechanical power...	...	...	...	...	...	159
Factories with mechanical power	...	...	...	...	...	869
Factory chimneys	...	...	...	...	...	205
Bakehouses	...	...	...	...	...	354
Fish friers' premises	...	...	...	...	...	193
Premises where food is prepared	...	...	...	...	...	523
Outworkers' premises	...	...	...	...	...	4
Offensive trades	...	...	...	...	...	15
Slaughterhouses (in actual use)	...	...	...	...	...	3
Cowsheds	...	...	...	...	...	239
Milk shops	...	...	...	...	...	761
Theatres, cinemas, etc.	...	...	...	...	...	36
Travelling vans...	...	...	...	...	...	111

**Common Lodging-houses**

The number of registered common lodging-houses in Bolton at the end of the year was 8. Seven of these are used by males only and accommodate a total of 362 men. The other is used exclusively by women and accommodates 40.



# FACTORIES ACT, 1937.

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

PREMISES	Number on Register.	NUMBER OF		Occupiers Prosecuted.
		Inspections.	Written Notices.	
(i) Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities ... ..	159	158	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	869	869	56	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) ... ..	1	—	—	—
TOTAL ... ..	1029	1027	62	—

\* Works of Building and Engineering Construction, Electrical Stations should be reckoned as factories.

2.—Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	by H.M. Inspector.	
Want of cleanliness (S.1) ...	42	34	—	3	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ...	2	2	—	—	—
Ineffective drainage of floors (S.6) ... ..	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ... ..	15	18	—	5	—
(b) Unsuitable or defective ...	208	131	1	42	—
(c) Not separate for sexes ...	5	7	—	3	—
Other offences against the Act (not including offences relating to Outwork) ...	—	7	—	1	—
TOTAL ... ..	273	200	1	54	—



### Statutory Notices Served During 1948

#### PUBLIC HEALTH ACT, 1936 :

Sec. 39 (Drainage defects) ... ..	198
Sec. 45 (Defective closet accommodation) ... ..	77
Sec. 75 (Provision of dust bins) ... ..	3,079
Sec. 93 (Nuisances, general defects) ... ..	342

#### HOUSING ACT, 1936 :

Sec. 9 (General Repairs) ... ..	130
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OTHER ... ..	17
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TOTAL ... ..	<u>3,843</u>
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STATUTORY NOTICES COMPLIED WITH ... ..	3,726
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STATUTORY NOTICES OUTSTANDING ... ..	117
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#### WORK CARRIED OUT BY CORPORATION IN DEFAULT OF OWNERS :

Public Health Act, 1936 ... ..	83
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Housing Act, 1936 ... ..	27
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#### MEANS OF ESCAPE IN CASE OF FIRE (FACTORIES ACT, 1937) :

Certificates issued during 1948 ... ..	18
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This work reverted to the Borough Fire Service in November, 1948.

### Housing Act, 1936

#### INDIVIDUAL UNFIT HOUSES NOT REPAIRABLE

Fourteen houses were demolished under Section 11 of the Housing Act, 1936, being totally unfit for habitation ; the Housing Committee provided alternative accommodation in each case.

## DISINFESTATION SERVICE 1948

The Disinfestation Officer carried out the following work. All insecticides used contained D.D.T. :—

### BED BUGS :

Dwelling Houses	...	...	...	...	...	119
Common Lodging Houses and Hostels	...	...				2

### COCKROACHES :

Dwelling Houses	...	...	...	...	...	78
Other Premises	...	...	...	...	...	32

### FLIES :

Restaurants	...	...	...	...	...	2
School Kitchens	...	...	...	...	...	1

### OTHER INSECTS (Beetles, Moths, etc.) :

Dwelling Houses	...	...	...	...	...	20
Other Premises	...	...	...	...	...	6

## MUNICIPAL MEDICAL BATHS

Scabies cases treated	...	...	...	...	...	63
Body Lice cases treated	...	...	...	...	...	47

## CONVERSION OF WASTE WATER CLOSETS AND FIXED ASHPITS

### WASTE WATER CLOSETS :

During the year, 71 waste water closets were converted to fresh water appliances and in 2 cases the Corporation made a grant of £8 per house towards the cost of the work.

### ASHPITS :

The problem of abolishing the very large number of fixed ashpits (12,000 approximately) existing in the Borough was tackled vigorously during the year and it is hoped that some 2,500 will be dealt with annually until all have been bricked up or converted to bin shelters. By December, 1948, 1,830 ashpits had been abolished, 1,720 under contract at a cost to the Health Committee of £3,002 16s. 8d.

## DESTRUCTION OF RATS AND MICE

				Reservoir	Major	Minor
Number of destruction jobs						
UNDERTAKEN during period :						
Business Premises	...	...	...	—	19	184
Private Dwellings	...	...	...	—	—	460
L.A. Properties	...	...	...	2	18	44
Totals	...	...	...	2	37	688
Number of destruction jobs						
CHARGED during period :						
Business Premises	...	...	...	—	22	199
Private Dwellings	...	...	...	—	—	—
Totals	...	...	...	—	22	199

A Reservoir Infestation is one in which it is estimated that there are more than 200 rats and a Major Infestation consists of between 20 and 200 rats.

## LEGAL PROCEEDINGS DURING 1948

FOOD AND DRUGS ACT, 1938 SEC. 3 (1) :

Sample No.	Article.	Adulteration, etc.	Fine and Costs.		
			£	s.	d.
3591	Milk	12·12% added water	5	10	6
3592	"	15·65% " "	5	10	6
3593	"	7·65% " "	5	10	6
3594	"	2·47% " "	5	10	6
	"	5% deficient in milk fat			
3596	"	8·82% added water			
	"	10% deficient in milk fat	5	10	6
3642	"	13·3% deficient in milk fat			
3660	"	20% deficient in milk fat			
3699	"	4·2% added water	6	1	0
3719	"	12·7% deficient in milk fat	11	1	0
3740	"	6·1% added water	11	1	0
3752	"	6·94% " "	10	10	6
3756	"	6·23% " "	10	10	6
	"	5·7% deficient in milk fat			
3758	"	9·53% added water ;			
	"	Formaldehyde—35 parts per million	31	1	0
3760	"	4·12% added water ;			
	"	Formaldehyde—25 parts per million			
3792	"	4·1% added water	11	1	0
3793	"	7·1% " "	11	1	0
3794	"	6·0% " "	11	1	0
3815	"	5·2% " "	11	1	0
3913	"	11% deficient in milk fat	5	10	6
3914	"	7% added water	5	10	6
3931	"	2% " "	5	10	6
3933	"	4% " "	10	10	6
3934	"	1% " "			
3935	"	1% " "			
3980	"	5·6% " "	6	5	0
4003	"	4·59% " "	5	10	6
TOTAL C/fd. ... ..			£233	7	0

## Legal Proceedings—(Continued)

	£	s.	d.
Brought forward ... ..	233	7	0
FOOD AND DRUGS ACT, 1938, SEC. 78 (2)			
Obstructing of Sampling Officer :			
Six purveyors of milk were summoned in respect of 9 instances of refusing to sell or otherwise ob- structing the Sampling Officer			
Total fines and costs ... ..	80	4	0
LABELLING OF FOOD ORDER, 1946, (ARTS. 2 & 4)			
Selling food (namely "Ginger Wine") not properly labelled ... ..	8	17	6
Selling food (namely "No. 10 Cocktail") not properly labelled ... ..	13	0	0
PUBLIC HEALTH ACT, 1936, SEC. 93			
Nuisance Orders were made in respect of the following premises :—			
2, Plato Street			
287, Radcliffe Road			
3, Kingsley Street			
21, Benson Street			
277, Radcliffe Road			
26, Kimberley Road			
Fines were imposed in four cases ... ..	13	10	0
BYELAWS—HOUSES-LET-IN-LODGINGS			
17, Bark Street—Contraventions of various articles of the Byelaws ... ..	8	0	0
TOTAL ... ..	£356	18	6

## INSPECTION AND SUPERVISION OF FOOD

## MILK

## The Milk and Dairies Order, 1926

Cowkeepers	on register, December, 1947	...	...	107
„	added to register during 1948	...	...	2
„	discontinued during 1948	...	...	13
				<hr/>
„	on register, December, 1948	...	...	96
Cowsheds	on register, December, 1947	...	...	255
„	added to register during 1948	...	...	1
„	discontinued during 1948	...	...	17
				<hr/>
„	on register, December, 1948	...	...	239
Number of cows provided for in the cowsheds, 1948				2,802
Average number of cows kept during the year				2,416
Number of dairies and premises of milk purveyors				761

## Milk (Special Designations) Regulations, 1936-1946

The following licences were granted under these Orders during 1948 :—

Producer's licence to use the designation " Tuberculin Tested "	...	...	...	...	...	5
Supplementary licence to use the designation " Tuberculin Tested "	...	...	...	...	...	1
Dealer's licence to use the designation " Tuberculin Tested "	...	...	...	...	...	5
Producer's licence to use the designation " Accredited "						22
Supplementary licence to use the designation " Accredited "	...	...	...	...	...	1
Dealer's licence to use the designation " Pasteurised "						1
(Licence in respect of a Pasteurising establishment).						
Supplementary licence to use the designation " Pasteurised "	...	...	...	...	...	1

## MEAT

The following table shows the number of animals slaughtered and inspected at the abattoirs in the Borough, with the diseased conditions grouped under two heads :—

(1) Carcases affected with disease other than tuberculosis ; and

(2) Carcases found to be affected with tuberculosis only.

## Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Total number killed and inspected ...	3,797	4,824	5,973	32,798	3,188
<b>All Diseases except Tuberculosis :</b>					
Whole carcases condemned... ..	1	21	50	6	12
Carcases of which some part or organ was condemned ...	967	2,048	3	2,008	7
Percentage of the number inspected affected with disease other than tuber- culosis ... ..	25.49	42.89	0.88	6.14	0.59
<b>Tuberculosis only :</b>					
Whole carcases condemned... ..	7	148	13	—	9
Carcases of which some part or organ was condemned ...	70	1,304	—	—	45
Percentage of the number inspected affected with tuber- culosis ... ..	2.02	30.00	0.23	—	1.69

## WATER SUPPLIES

The Waterworks Engineer reports as follows :—

- (i) The water supply of the area and of its several parts was satisfactory both as regards quality and quantity.
- (ii) The water supply of the area is filtered at five filter stations. Normally samples of both the raw and filtered water are subjected to full bacteriological examination each week and full chemical analysis each month by the Borough Analyst. Special examinations and analyses are made as circumstances require.

During 1948, 155 samples of both raw and filtered water received bacteriological examination, and 35 samples of both raw and filtered water received chemical analysis. The results showed that generally filtration and treatment of the raw water were necessary, and that the filtered and treated water was of excellent quality, B.Coli being absent in almost all cases in 100 mls. All water is filtered and treated before passing into supply.

- (iii) From tests made daily the water was shown to have no plumbo-solvent action.
- (iv) No action was required to be taken in respect of any form of contamination.
- (v) The public water mains afforded a direct supply to a population of approximately 165,000 and 53,125 dwelling houses—no supply was afforded to dwelling houses by stand-pipes.

## ATMOSPHERIC POLLUTION

The part of Bolton within a radius of one and a half miles from the town centre is highly industrialised and factories and industrial premises mingle with dwellings. In this area there are about 200 chimneys which have been built for furnaces for steam raising or for manufacturing or trade purposes. Most of the boilers used in the steam raising plants are of the "Lancashire" type, the majority being hand fired. The coal supplied is mainly bituminous and at the present time is often of a low quality. In some of the trades carried



on in the town the demands made on the steam raising capacity of the plants fluctuate during the day and the efforts of the firemen to increase rapidly the output of the boilers for a short time result in uneven firing and grossly excessive smoke production for short periods. In houses built in Bolton prior to 1939, most of the services for space heating and hot water were dependent on the use of raw coal, and produced smoke. The numbers of smokeless appliances for cooking and clothes washing were rapidly increasing before 1939 and the increase has continued since 1945. But raw coal remains the fuel chiefly used for domestic and industrial purposes and the atmosphere in the central part of Bolton remains heavily contaminated with smoke.

Many records have been kept in Bolton for the purposes of showing the nature and the quality of the pollution of the atmosphere. In 1935 and 1936, records kept by means of the Iodine Method of Dr. Bailey, demonstrated that the intensity of light in the central areas of the town was much less than in the out-districts as a result of the pall of smoke. In the period from October to March, it was found that the intensity of light near the Town Hall or in industrialised East Ward in some months was only 60% of the intensity recorded two miles away in Deane or three miles away in Green Nook.

From 1944 onwards the Corporation has used deposit gauges for recording the amount of deposit from the atmosphere in various sites in the town. The gauges are of a standard pattern and have been supplied by the Department of Scientific and Industrial Research. Six gauges have been maintained. The Borough Analyst has undertaken the analysis of the contents of the gauges each month. The components of the monthly deposit which have been analysed are :—

- (1) Water.
- (2) All dissolved impurities including sulphur in the form of sulphites and sulphates, chlorine and lime.
- (3) The undissolved matter consisting of tarry matter soluble in carbon bisulphide, other combustible matter not soluble in carbon bisulphide, and ash.

The amount of deposit has varied from month to month in the various gauges on account of variations in rainfall, the direction of the wind, the turbulence of the atmosphere and the amount of smoke emitted from chimneys. The figures recorded for 1948 are shown below.

### DEPOSIT GAUGES

#### Records of Deposits Expressed as Tons per Square Mile per Month

MONTH	Tonge Fold Farm	Jethro Street	Haver-croft	Royal Infirmary	Fever Hospital	Police Sports Ground	Parochial Hall, Astley Bridge
January ...	...	26.14	18.84	31.69	26.75	45.23	36.56
February ...	...	12.03	8.14	13.48	10.41	20.26	20.39
March ...	...	35.40	10.92	18.44	6.28	38.67	29.04
April ...	...	15.79	7.04	11.42	11.47	40.36	13.61
May ...	...	*	9.85	16.56	11.91	17.22	19.23
June ...	20.88	...	10.46	17.67	19.22	55.16	26.18
July ...	19.51	...	7.94	11.66	12.60	48.92	28.51
August ...	18.64	...	14.38	11.66	9.17	42.12	*
September ...	10.63	...	6.20	4.54	10.60	29.25	12.57
October ...	19.88	...	9.21	13.83	13.01	36.89	23.79
November ...	17.94	...	7.27	15.16	11.34	24.17	26.34
December ...	29.74	...	10.22	38.66	19.28	25.69	37.91
TOTAL ...	137.22	89.36	120.47	204.77	162.04	423.94	274.16
Monthly Average ...	19.60	22.34	10.04	17.06	13.50	35.33	24.92

\* No Record.

N.B.—The Deposit Gauge at Jethro Street was transferred to Tonge Fold Farm in June, 1948.

An examination of the figures makes it abundantly clear that the quantity of atmospheric pollution in the congested and industrial areas constitutes a grave menace. The prevailing winds are from the West. The gauge in the grounds of Havercroft Maternity Home which is about two and a half miles to the West of the Town Centre, records less than one third the amount of deposit recorded in the Police Sports Grounds on the East of the Town Centre. Similarly, the gauge in the Borough Hospital which is in an open area in the Western part of the town and the gauge in the Bolton Royal Infirmary which is in the Western part of the town adjacent to a large park, record deposits which are much less than in the congested areas.

The injury to health and general amenities caused by smoke is now generally recognised. The death rates from bronchitis, pneumonia and other non-tubercular respiratory diseases, are much higher

in Bolton than in parts of the country with clean air. For example, the deaths from these diseases in Bolton expressed as an average annual rate per million of the population for the period 1941 to 1946, was 1,830. The comparable rate in Westmorland was 908 and in Wiltshire, 1,058. It cannot be asserted that the excess deaths in Bolton are entirely due to the dirty atmosphere which Bolton residents have to breathe, but there are very good grounds for believing they are largely due to this cause. Atmospheric mist produces signs of respiratory irritation including cough and catarrh. Fog, which is the result of mist and atmospheric pollution occurring together, produces the same signs much more rapidly and intensely. There are many records of the adverse effects of fog on the death rate, particularly on the very young and the very old, from many towns in Britain. A striking example occurred in Bolton during the year under review. There was almost continuous fog in Bolton from November 22nd to December 2nd, 1948. During the immediate period before the fog the weekly number of deaths had not exceeded 39. In the week after the fog the number had risen to 53.

The attempts to keep the air we breathe clean have been singularly unsuccessful. In the Lancashire Towns, the local coal is bituminous in character and when burnt in its raw state is one of the worst smoke producers. The smoke problem will not be solved until the burning of soft bituminous coal in the raw state is made illegal. Electricity is already playing its part but its use for power or heating purposes is obviously limited because its production in this country is dependent on the use of raw coal in a way which is at least as uneconomical as the open domestic fire. The immediate solution of the smoke problem in Bolton lies in the use of gas, coke and hard coals. The Corporation have obtained powers to create smokeless zones in the town. The aim of the Health Department will be to establish small zones in which it will be an offence to produce any smoke. With technical improvement in the appliances available for the smokeless combustion of fuel, the zones will be increased in number and extent. Before this can happen there will have to be an increase in the amount of gas and of all types of coke available for use.

It is certain that there are few environmental problems which call more urgently for attention than Atmospheric Pollution.

## NOTIFIABLE INFECTIOUS DISEASES

## PREVALENCE AND MORTALITY

Below are shown the number of cases of notifiable diseases notified in Bolton in 1948 and the number of deaths resulting from each of these notifiable diseases.

## NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1948

Disease.	Total Cases Notified.	Total Deaths.
Smallpox ... ..	—	—
Scarlet Fever... ..	636	1
Diphtheria ... ..	9	—
Enteric Fever (including Paratyphoid) ... ..	—	—
Relapsing Fever (Undulant) ...	—	—
*Pneumonia ... ..	125	72
Puerperal Pyrexia ... ..	8	—
Cerebro-spinal Fever ... ..	3	1
Acute Poliomyelitis ... ..	1	—
Acute Polioencephalitis ... ..	—	—
Encephalitis Lethargica ... ..	—	1
Dysentery ... ..	4	—
Ophthalmia Neonatorum ... ..	3	—
Erysipelas ... ..	48	—
Malaria ... ..	—	—
Measles ... ..	2360	1
Whooping Cough .. ...	363	2

\*The cases notified are Acute Primary and Acute Influenzal, but the deaths include all forms of Pneumonia.

The incidence of Measles and Whooping Cough since 1940, when they became notifiable, and of Scarlet Fever, Diphtheria and Cerebro-Spinal Fever is shown below.

	1940	1941	1942	1943	1944	1945	1946	1947	1948
Measles ...	2408	499	1445	763	1076	1324	239	2082	2360
Whooping Cough ...	563	590	39	679	214	151	264	231	363
Scarlet Fever	538	537	421	289	410	308	182	229	636
Diphtheria ...	235	249	270	197	142	125	87	18	9
Cerebro-Spinal Fever ...	42	42	16	10	8	7	5	16	3

Apart from an excess in the incidence of Scarlet Fever and of Measles, the year was relatively free from infectious disease. The Scarlet Fever was generally of a mild type and there was only one death. One death was attributed to Measles. In past years as many as 239 Scarlet Fever deaths and 125 Measles deaths have been recorded. The reasons for the diminishing virulence of Scarlet Fever and Measles are unknown, although speculation suggests that an improved general health of children due to better feeding from infancy onwards provides an increased resistance to the effects of infectious disease.

The welcome decline in the incidence of Diphtheria continues. It is possible to record for the first time that no deaths were attributed to Diphtheria during the year. There seems little doubt that the decline in incidence can be attributed to immunisation against the disease. It is hoped that effective immunisation against Whooping Cough may soon be available. Although this disease is not the **direct** cause of many deaths it may leave many harmful after-effects.

## DIPHTHERIA IMMUNISATION.

The immunisation of children against Diphtheria has continued throughout the year under review. Facilities are available in the Child Welfare Department of the Civic Centre, where a special clinic is held weekly, and also at the Child Welfare Centres. The following table shows the number of children immunised during 1948.

## IMMUNISATION 1948

Age	Completely Immunised	Reinforcing Injections	Total
0—1 ... ..	756	—	756
1—2 ... ..	1115	—	1115
2—3 ... ..	103	—	103
3—4 ... ..	59	—	59
4—5 ... ..	75	52	127
Total 0—5 ...	2108	52	2160
5—6 ... ..	100	306	406
6—7 ... ..	77	262	339
7—8 ... ..	33	91	124
8—9 ... ..	20	41	61
9—10 ... ..	16	31	47
10—11 ... ..	5	6	11
11—12 ... ..	3	1	4
12—13 ... ..	1	—	1
13—14 ... ..	—	—	—
14—15 ... ..	1	—	1
Total 5—15 ...	256	738	994
15 years and over ...	2	—	2
Grand total ... ..	2366	790	3156

The estimated mid-1948 Population of children under 5 was 13,537. Of these, 6,589 had been immunised up to the 31st December, 1948, a percentage of 48·7

The estimated mid-1948 Population of children aged 5—14 years was 20,044. Of these, 15,202 had been immunised up to 31st December, 1948, a percentage of 75·8.

The total estimated mid-1948 Population of children aged 0—14 years inclusive, was 33,581, and of these, 21,791 had been immunised up to 31st December, 1948, a percentage of 64·9.

### Deaths from Infectious Diseases

The deaths in Bolton attributed to the various epidemic diseases are shown in the following table for the years 1939 to 1948 :—

#### CAUSES OF DEATH FROM EPIDEMIC DISEASES

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	1	—	1	1	—	—	1	—	—	1
Diphtheria and Memb. Croup ... ..	11	17	16	13	6	5	2	3	3	—
Enteric Fever ... ..	—	1	—	—	—	—	—	—	—	—
Measles... ..	3	8	3	5	4	5	10	—	3	1
Whooping Cough ... ..	4	5	10	1	2	1	3	2	5	2
Diarrhoea and Enteritis under 2 years of age	14	10	22	34	6	12	8	8	10	6
Erysipelas ... ..	1	—	—	—	—	1	—	—	1	—
Puerperal Sepsis ... ..	3	4	2	—	3	3	—	2	1	—
Cerebro-spinal Fever ... ..	6	1	6	2	4	1	3	2	3	1
Encephalitis Lethargica	4	4	1	3	8	4	3	4	9	1
Influenza .. ..	42	86	23	21	88	24	7	28	11	2



## TUBERCULOSIS

The total number of new cases notified in 1948 was 157 as compared with 142 in 1947. One hundred and thirty-five of the new cases were respiratory tuberculosis and 22 were non-respiratory tuberculosis.

## AGE AND SEX DISTRIBUTION OF CASES OF TUBERCULOSIS

NOTIFIED IN BOLTON IN 1948 :

## RESPIRATORY TUBERCULOSIS NOTIFICATIONS.

SEX	AGES											Total
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	1	1	1	4	6	17	15	17	11	3	—	76
Females	—	2	2	7	16	18	11	—	3	—	—	59
Total	1	3	3	11	22	35	26	17	14	3	—	135

## NON-RESPIRATORY TUBERCULOSIS NOTIFICATIONS

SEX	AGES											Total
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	—	5	—	—	—	2	—	—	1	2	—	10
Females	—	3	2	1	1	2	2	—	—	1	—	12
Total	—	8	2	1	1	4	2	—	1	3	—	22

## DEATHS FROM TUBERCULOSIS

Seventy Bolton residents were certified as having died of tuberculosis during 1948. This compares with 82 in 1947.

Thirty-four of these deaths took place in institutions.

The age and sex distribution of those who died from tuberculosis are given in these tables :—

## RESPIRATORY TUBERCULOSIS DEATHS

SEX	AGES									Total
	Under 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males ... ..	1	—	—	—	7	9	14	7	2	40
Females ... ..	—	—	—	1	13	1	2	4	1	22
Total ... ..	1	—	—	1	20	10	16	11	3	62

## NON-RESPIRATORY TUBERCULOSIS DEATHS

SEX	AGES									Total
	Under 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males ... ..	1	2	—	1	—	—	—	1	—	5
Females ... ..	—	1	—	—	—	1	—	1	—	3
Total ... ..	1	3	—	1	—	1	—	2	—	8

In 11 cases the disease had not been notified during life. Six of these cases died in institutions, and the diagnosis was made after death.

## CARE AND AFTER-CARE

The prevention and treatment of Tuberculosis is now a responsibility shared by the Local Health Authority and the Regional Hospital Board. Treatment in Institutions and at the Dispensary is undertaken by the Board, while Care and After-care rests with the Local Health Authority. An "After-care and Mental Health" Sub-Committee has been set up with duties which include the Care and After-care of tuberculous patients. The chest physician of the Board is also a part-time officer of the Local Health Authority and in this dual capacity, provides the medium through which a continuity is preserved in the treatment and after-care of all tuberculous patients. It is not clear to Local Health Authorities what is covered by "Care and After-care" but it includes the work of the Tuberculosis Health Visitor in the homes of patients, the finding of suitable work for patients who are ready to recommence earning their own livings and the filling in of gaps left by the National Insurance and the National Assistance Acts. The Health Visitor in the course of her home visits is quickly made aware of any needs which are not being met. Periodical consultations are held with Ministry of Labour Officials to try and place the partially disabled in suitable work. Certain departments of the Corporation have also been very helpful in this connection. In special cases recommendations for rehousing are sent to the Housing Department where they have always received most helpful consideration. Help is given to patients in need of personal clothing, bedding and furniture. One patient was loaned an invalid motor chair for his own use. Close contact is maintained with officers of the National Assistance Board, the Guild of Help, the British Legion and the British Red Cross.

It is interesting to note that whilst there has been an appreciable increase in the number of notified cases of respiratory tuberculosis (from 120 in 1947 to 135 in 1948) the number of deaths from respiratory tuberculosis has fallen from 71 to 62. The improved aids to diagnosis which are now available to the chest physician reveal more cases of the disease in the early stages which are amenable to treatment and to cure. Included amongst the new means of discovering tuberculosis is Mass Radiography in which miniature X-Ray examination of the chest is offered to as many as possible of the apparently healthy persons

in the population. The Mass Miniature Radiography Unit is expensive to operate and for its economical use it is essential that large numbers of persons should be dealt with in a short time. To satisfy these requirements it is easiest to examine large groups of persons from work and older school children.

A Mass Radiography Unit was set up in the Civic Centre buildings adjacent to the Health Department and was used for the examination of persons from Bolton and district. The Unit was operating from July 7th, 1948 to February 11th, 1949.

The following table relates to the examination of Bolton residents.

MALES	AGE GROUPS						Total
	14	15-24	25-34	35-44	45-59	60+	
Quarter Ending :							
September, 1948 ...	8	949	1288	1324	1368	246	5183
December, 1948 ...	230	900	1043	1053	1107	236	4569
March, 1949 ...	802	216	151	177	180	27	1553
	1040	2065	2482	2554	2655	509	11305
FEMALES							
Quarter Ending :							
September, 1948 ...	9	1487	1002	913	781	46	4238
December, 1948 ...	174	1421	988	820	661	39	4103
March, 1949 ...	721	212	100	100	72	2	1207
	904	3120	2090	1833	1514	87	9548
TOTALS : MALES AND FEMALES ...	1944	5185	4572	4387	4169	596	20853

A number of the 20,853 Bolton residents examined by Mass Radiography were also examined by the orthodox X-Ray plant. Two hundred and twenty-five persons were referred to the Dispensary for further examination and at the end of February, 1949, twenty-three of these persons were diagnosed as suffering from active pulmonary tuberculosis. Several of the referred cases were found to be suffering from other lung conditions which were amenable to treatment.

## MENTAL HEALTH

The After-Care and Mental Health Sub-Committee of the Health Committee consists of the Mayor, the Chairman and Vice-Chairman of the Health Committee, and thirteen members of the Health Committee. The Sub-Committee meets at regular monthly intervals.

Three medical officers, all whole-time officers, have been approved by the Local Health Authority as certifying officers under the provisions of the Mental Deficiency Acts, 1913—1938.

During the year under review one duly authorised officer was employed. He was formerly employed by the Social Welfare Committee as a relieving officer with special duties in relation to the removal of patients under the provisions of the Lunacy and Mental Treatment Acts. Much consideration was given to the future staffing required for the Mental Health Service. Apart from the arrangements for the removal of patients to Mental Hospitals, the duties placed on the Local Health Authority by the National Health Service Act are all new. Before July 5th, 1948, they were the responsibility of the Lancashire Mental Hospitals Board and the Lancashire Mental Deficiency Acts Committee, serving the whole of the geographical county of Lancaster. The Council therefore had to consider what staff was required for a service which was new and undeveloped. The mature service would have to include the after care of persons discharged from mental hospitals, the use of any practicable means for the prevention of mental illness, co-operation with the mental hospitals and mental deficiency institutions in investigating home conditions of patients about to be discharged or allowed out on licence, or awaiting admission to hospital, and the care of mental defectives remaining in the community.

The assessment of staffing requirements had to be considered in relation to the extreme shortage of available trained personnel.

The Council finally allowed the following establishment of officers for the Mental Health Service :—

- 3 Authorised Officers ;
- 1 Supervisor of Occupation Centre ;
- 1 Assistant Supervisor of Occupation Centre ;
- 8 Attendants, Occupation Centre.

It is clear that there is not sufficient work to occupy three persons wholly as duly authorised officers. The Committee decided to appoint a woman psychiatric social worker who would also be available from time to time as a second duly authorised officer. Owing to an absence of suitable applicants it was not possible to make a suitable appointment during the year. As a temporary arrangement the one duly authorised officer enlisted the help of the Health Visitors to assist him in some of his duties, particularly in relation to Mental Defectives in the community. During the year the Authorised Officer has been responsible for obtaining the following information for the various hospitals and institutions concerned :—

#### 1. DOMICILIARY SUPERVISION

- (a) Home reports for patients who are being considered for holidays and long licence.

Progress reports at regular intervals on patients who are on long licence.

Reports on home circumstances, etc., for patients who are to be seen by the Statutory Visitors for the purpose of recertification in accordance with the requirements of the Mental Deficiency Acts.

Home reports for mental patients who are being considered for discharge.

Complete social histories of each mental patient admitted to mental hospitals including statistical information required by the Minister of Health.

- (b) The Committee have, by arrangements with the National Association for Mental Health, agreed to avail themselves of the continued services of the association for the after-care of ex-service personnel discharged from service hospitals.
- (c) Training of mental health workers. Nil.

#### 2. CARE AND AFTER-CARE

- (a) Initial care of mental defectives "subject to be dealt with." Friendly supervision of mental defectives discharged from orders.

Help and advice to patients seeking admission to mental hospitals for voluntary treatment.



- (b) The Duly Authorised Officer received information regarding 81 cases during the period 5th July to 31st December, 1948, of persons requiring treatment for mental disorders and these were disposed of as follows :—

76 (37 males and 39 females) were admitted into hospitals approved by the Minister for the purposes of Section 20 of the Lunacy Act, 1890, and 5 cases were dealt with at their homes and not certified as being in need of treatment.

Of the 76 cases admitted into hospitals 32 (15 males and 17 females) were later transferred by the Duly Authorised Officer to other mental hospitals.

28 patients (11 males and 17 females) were admitted direct into Mental Hospitals as Voluntary Patients either on the recommendation of the visiting psychiatrist of the local clinic or the advice of the medical attendant or of the Duly Authorised Officer.

- (c) 3 cases were found to be subject to be dealt with under the Mental Deficiency Acts and were admitted into institutions for mental defectives.

Great difficulty is being experienced in the obtaining of vacancies for mental defectives, and there are in the community 14 defectives awaiting such vacancies in suitable institutions.

114 visits were made by Health Visitors to the homes of mental defectives under Statutory and Voluntary Supervision and reports duly made as to their welfare.

A Varying Order was made in the case of a male defective on licence from an institution for mental defectives placing him under the guardianship of the Duly Authorised Officer.

Training. Nil.

No Occupation Centre has yet been provided, but the Local Health Authority is negotiating for the purchase of suitable premises.

**ANNUAL REPORT OF THE PUBLIC ANALYST**  
**for the year ended 31st December 1948**

**SUMMARY**

	No. of Samples
Food and Drugs ... ..	406
Bacteriological Examinations of Milk ...	433
Analyses for the Waterworks Committee ...	492
Atmospheric Pollution and Dust Samples ...	284
Miscellaneous Examinations ... ..	86
<b>TOTAL ... ..</b>	<b>1701</b>

**HEALTH COMMITTEE**

FOOD AND DRUGS	Total	Genuine	Unsatisfactory	Per cent. Unsatisfactory
Milk ... ..	295	248	47	15.9
Condensed and Evaporated Milk ...	2	2	—	—
Cooking Fats ... ..	2	2	—	—
Coffee, Coffee Mixtures and Extracts ... ..	5	5	—	—
Cocoa and Chocolate ... ..	3	3	—	—
Vinegar, Spices and Condiments ...	14	14	—	—
Jam, Jelly, Marmalade, etc. ...	4	4	—	—
Cordials and Cocktails ... ..	5	3	2	40.0
Cereals ... ..	16	16	—	—
Baking Powder ... ..	4	4	—	—
Golden Raising Powder ... ..	3	3	—	—
Meat and Fish Products ... ..	10	6	4	40.0
Spirits ... ..	10	9	1	10.0
Drugs and Medicines ... ..	16	16	—	—
Miscellaneous ... ..	17	17	—	—
<b>TOTAL ... ..</b>	<b>406</b>	<b>352</b>	<b>54</b>	<b>13.3</b>



## MILK

The average composition of all milk samples remains quite good, notwithstanding the high percentage of adulterated samples.

Average Composition for			No. Examined	Milk Fat (Per cent.)	Solids-not-Fat (Per cent.)	Water (Per cent.)
1948	...	...	295	3.71	8.69	87.60
1947	...	...	307	3.98	8.63	87.39

The following table shows the monthly variation :—

			No. of Samples	Milk Fat	Solids-not-Fat	Water
January	...	...	14	3.57	8.71	87.72
February	...	...	26	3.88	8.62	87.50
March	...	...	24	3.54	8.68	87.78
April	...	...	41	3.32	8.60	88.08
May	...	...	31	4.18	8.65	87.17
June	...	...	12	3.58	8.91	87.51
July	...	...	28	3.24	8.81	87.95
August	...	...	27	3.59	8.73	87.68
September	...	...	0	—	—	—
October	...	...	26	4.15	8.79	87.06
November	...	...	35	4.02	8.59	87.39
December	...	...	20	3.68	8.73	87.59

## ADULTERATED SAMPLES

*Milks* : The percentage of adulterated samples is still very high, 15.9%, the figure for 1947 being 14.7%, whereas the figure for milk adulteration throughout England and Wales during the last twelve years varied from 6.4% to 8.2%.

Of the 47 adulterated samples

13 were deficient in fat in amounts varying from 1.7 to 47 per cent ;

30 contained from 1 to 17.5 per cent added water ;

3 were deficient in fat and also contained added water ; and

4 (including 3 of the above) contained added preservative—Formaldehyde to the extent of 4, 12, 25 and 35 parts per million. These four samples were all from one farmer.

*Potted Meats* : 4 samples each contained about 80 per cent. of water and added cereal.

In my opinion, Potted Meat should be free from admixture with cereals and contain not more than 70 per cent of water..

*Cocktail* : Consisted of 99.45 per cent. water, flavoured and coloured together with small amounts of Phosphoric Acid and Chloroform.

*Ginger Wine* : Contained 98.9 per cent. water, coloured and flavoured with ginger, a small amount of Chloroform and sweetened with Saccharin.

*Spirits* : One sample of Whisky was 41° Under Proof, equivalent to 9.2 per cent. excess water.

#### MILKS FOR BACTERIOLOGICAL EXAMINATION

Designation	Total No. Examined	Satisfactory	Unsatisfactory
Tuberculin-Tested	63	51	12— <div> <div>1 in Methylene Blue test.</div> <div>9 in B. Coli. test.</div> <div>2 in Methylene Blue and B. Coli tests.</div> </div>
Accredited ... ..	221	202	19— <div> <div>3 in Methylene Blue test.</div> <div>16 in B. Coli test.</div> </div>
Heat-Treated ... ..	132	130	2—Phosphatase test.
Vended ... ..	17	14	3— <div> <div>1 in B. Coli test.</div> <div>2 in Methylene Blue and B. Coli test.</div> </div>
TOTAL ... ..	433	397	36

## MISCELLANEOUS EXAMINATIONS

- . 214 Atmospheric Dusts.
- 70 Atmospheric Pollution samples.
- 24 Waters from private supplies to farms.
- 14 Washings from milking machines.
- 4 Rag Flocks.
- 3 Disinfecting Fluids.
- 2 Gravy Brownings.
- 2 Fats (Beef dripping and Petroleum Jelly).
- 1 Cider.
- 1 Mussells (for Bacteriological Examination).

## FOR OTHER DEPARTMENTS

*Townleys Hospital :* 15 Milks, all of good quality.  
                           2 Dried Milks                    }  
                           4 Sugars                                } Examined for  
                           1 Lactose                               }    arsenical contamination.

*Housing Committee :* 2 Plasters.

*Food Executive Officer :*  
                           2 Cheeses.  
                           2 Chocolate confectioneries.  
                           1 Cleansing Fluid.

*Police :* 1 Petrol (alleged admixture with Paraffin).

## PRIVATE SAMPLES

2 Waters for Bacteriological Examination.  
  2 Tickings       }  
  1 Flock           } Examined for contact with Acid.

# ATMOSPHERIC POLLUTION

Monthly analyses have been continued of the Waters and Deposits from large Rain-Gauges situated at selected points in the town.

The average monthly figures for each gauge (expressed in English tons per square mile) are as follows:—

SITE	Total Solid Matters (Suspended and Dissolved)	INSOLUBLE SOLID MATTERS				SOLUBLE SOLID MATTERS			Rainfall in inches	pH Value
		Total	Tar	Carbonaceous Matter other than Tar	Ash	Total Dissolved Solids	Sulphate (as SO <sub>4</sub> )	Chloride (as Cl)		
Jethro Street (or Tonge Fold Farm) ...	20.60	13.93	0.19	4.50	9.24	6.67	2.06	1.88	3.45	4.3
Havercroft ...	10.04	4.50	0.12	2.01	2.37	5.54	1.34	1.58	3.68	4.2
Bolton Royal Infirmary	17.06	9.94	0.18	3.90	5.86	7.12	1.93	1.70	3.61	4.2
Hulton Lane Fever Hospital ...	13.51	7.49	0.15	3.00	4.34	6.02	1.48	1.57	3.29	4.4
Police Sports Ground ...	35.33	25.51	0.34	11.62	13.55	9.82	3.10	1.93	3.42	4.2
Parochial Hall, Astley Bridge ...	24.92	15.64	0.18	5.57	9.89	9.28	2.11	1.96	3.55	4.2

A total of 492 samples has been examined, and reports issued to the Waterworks Department.

These consisted of weekly bacteriological examinations of the raw and filtered waters constituting the whole of the town's domestic supply, and monthly chemical analyses of waters from the same source.

The following are the average findings of the Raw and Filtered Waters from all stations :—

	<i>Raw</i>	<i>Filtered</i>
Total No. of organisms growing on Agar at 37°C. per 1 mil. of water ... ..	68	13
No. of B. Coli per 100 mils. of water ...	53	Less than 1
Percentage of samples showing coliform organisms in 100 mils of water ... ..	100	9·4
Percentage showing typical B. Coli in 100 mils. ... ..	44·4	2·5
Percentage of samples showing Cl. Welchii in 50 mils. of water ... ..	38·8	9·4

The average results of the chemical analyses of samples from all stations are as follows :—

		<i>Raw</i>	<i>Filtered</i>
Total Solids	pts. per 100,000	9·58	9·61
Free Ammonia	do.	0·003	0·002
Albumenoid Ammonia	do.	0·005	0·003
Nitrogen as Nitrates	do.	0·026	0·027
Nitrogen as Nitrites	do.	none	none
Chlorine as Chloride	do.	1·18	1·18
Oxygen absorbed			
Poisonous Metals (Lead, etc.)	do.	none	none
(3 hours at 15·5°C.)	do.	0·143	0·076
Suspended Matter	do.	trace	none
Plumbo-solvency (24 hours)	do.	0·18	0·10
Odour	... ..	none	none
Total Hardness in Degrees	... ..	2·7	2·7
pH Value	... ..	6·5	6·7

The majority of the work detailed in this report was carried out under the direction of Mr. H. Hurst until his retirement in July, and temporarily by Mr. Hodgson of Manchester, until a successor to Mr. Hurst was appointed.

# Meteorological Summary, 1948

(Compiled at Queen's Park Observatory by E. HENDY, F.R.Met.S.)

1948	Barometer "	Mean Relative Humidity %	Mean of Maximum and Minimum Temperature °	Absolute extremes of Temperature			Sunshine		Total Rainfall "
				Highest °	Date	Lowest °	Total Amount hours	Maximum in one day hours	
January	29.412	91.1	40.05	53.5	3	24.6	29.8	3.8	10.230
February	30.125	85.0	39.59	52.7	2	25.0	57.9	8.4	3.016
March	30.316	83.0	46.12	67.9	9	26.9	127.0	8.8	1.649
April	29.863	75.5	47.18	65.7	19	32.6	127.1	13.0	2.189
May	29.992	59.0	52.04	76.2	18	34.0	243.7	14.8	1.810
June	29.892	73.5	53.94	79.8	13	40.5	165.9	12.8	5.587
July	29.976	76.6	59.33	87.1	29	45.1	156.8	14.2	2.994
August	29.848	81.2	56.83	79.5	2	41.1	82.6	8.3	5.185
September	29.943	86.0	54.70	69.5	9	36.4	47.9	8.7	3.177
October	30.012	89.3	49.30	63.2	2	30.5	59.9	8.0	3.212
November	30.158	90.6	44.67	58.5	14	29.4	33.8	5.8	2.433
December	29.999	89.2	41.63	56.2	3	21.1	24.8	5.7	4.500
TOTALS	359.536	930.0	585.38				1157.2		45.982
Averages	29.946	81.7	48.78				96.4		3.833

Rainfall. Average 1887—1948 = 44.489"

# HEALTH SERVICES TO BE PROVIDED BY LOCAL HEALTH AUTHORITIES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT

## PROPOSALS APPROVED BY THE MINISTER OF HEALTH

### Care of Mothers and Young Children (Section 22)

#### PART I

##### GENERAL STATISTICAL DATA

1. Total mid-1946 population of the Authority's area ... 161,120
2. Total mid-1946 number of children under 5 in the  
Authority's area ... .. 12,110
3. Number of registered live births in the Authority's area,  
legitimate and illegitimate:—
 

(a) 1945	(b) 1946
Legit. 2,232	Legit. 2,853
Illeg. 198	Illeg. 167

##### EXISTING SERVICE

*An outline should be given of the present arrangements for the care of expectant and nursing mothers and young children in the area, and the following data should be supplied in regard to services provided by Welfare Authorities and voluntary organisations.*

The present arrangements for the care of expectant and nursing mothers and young children in the area have been evolved by the Local Authority in co-operation with the Bolton Mother and Child Welfare Association which started the first school for mothers in the provinces in 1908. The Local Authority now provides ante-natal

and post-natal care at clinics associated with Townleys Hospital and the three Maternity Homes (Haslams, Havercroft and Heaton Grange) for women who are admitted to those institutions. It also provides ante-natal and post-natal care at clinics held in the Central Health Department for women who are being attended by the domiciliary midwives. The hospital clinics are conducted by whole-time officers of the Authority and in the case of the Havercroft and Heaton Grange Maternity Homes, by part-time medical practitioners with special experience in midwifery and gynaecology. For domiciliary cases the ante-natal clinics are conducted by a whole-time officer and the post-natal clinics by a part-time medical practitioner. The general supervision of the ante-natal and post-natal clinics is in the hands of a whole-time obstetrician and gynaecologist employed by the Corporation who also conducts consultant clinics. Adequate X-Ray and laboratory facilities are available for all the ante-natal and post-natal clinics. Full use is made of all the usual vitamin, iron and calcium preparations.

The Bolton Mother and Child Welfare Association provides child welfare centres and voluntary workers who assist with the non-technical work at the centres including the sale of prescribed foods and infant preparations. The Authority provides the medical and health visitor staff for the centres. The medical officers are mainly part-time medical practitioners but whole-time officers are also employed. Dental treatment is provided for expectant and nursing mothers. Orthopædic, dental and ophthalmic treatment is provided for young children. Provision is made through the Brentwood Recuperation Centre of the Community Council for Lancashire for the convalescent care of mothers and their young children. There are arrangements with the Bolton Moral Welfare Association whereby the Local Authority makes a grant to the Association and the whole-time worker of the Association co-operates with officers of the Local Authority in the care of unmarried mothers. The Local Authority pays for the maintenance of unmarried mothers and their infants in various Homes.

The public has at all times a ready and free access to the officers of the Child Welfare Department and attention is constantly given to enquiries for help and advice.



## A. ANTE-NATAL CLINICS.

- |  |     |     |       |
|--|-----|-----|-------|
| (i) Number of clinic premises                            | ... | ... | 6     |
| (ii) Number of expectant mothers who<br>attended in 1946 | ... | ... | 3,636 |
| (iii) Number of sessions held weekly                     | ... | ... | 13    |

## B. POST-NATAL CLINICS.

- |                                     |     |     |   |
|-------------------------------------|-----|-----|---|
| (i) Number of clinics               | ... | ... | 2   |
| (ii) Number of sessions held weekly | ... | ... | 1 weekly at Townleys<br>and 1 monthly in<br>the Central Health<br>Department. |

## C. IF ARRANGEMENTS ARE MADE WITH GENERAL PRACTITIONERS.

- |  |       |
|--|-------|
| (i) Number of women ante-natally examined  | None. |
| (ii) Number of women post-natally examined | None. |

## D. CHILD WELFARE CLINICS.

- |                                     |     |     |                  |
|-------------------------------------|-----|-----|------------------|
| (i) Number of clinics               | ... | ... | 10 (Premises '9) |
| (ii) Number of sessions held weekly | ... | ... | 10               |

## E. DAY NURSERIES.

- |                                    |     |     |     |     |   |
|------------------------------------|-----|-----|-----|-----|---|
| (i) Number                         | ... | ... | ... | ... | 3   |
| (ii) Number of places for children | ... | ... | ... | ... | 155 in addition there<br>are 25 places for<br>day children in a<br>residential nursery. |

## F. RESIDENTIAL NURSERIES PROVIDED UNDER MATERNITY AND CHILD WELFARE POWERS.

- |                                    |     |     |     |     |                          |
|------------------------------------|-----|-----|-----|-----|--------------------------|
| (i) Number                         | ... | ... | ... | ... | 1                        |
| (ii) Number of places for children | ... | ... | ... | ... | 25 Residential<br>25 Day |

## G. MOTHER AND BABY HOMES.

(i) Number	
(ii) Accommodation—	
(a) Mothers ... ..	} None
(b) Babies.	
(iii) Number of maternity beds (if any)	

## H. DENTAL TREATMENT GIVEN IN 1946.

(i) to expectant or nursing mothers ...	39 mothers
(ii) to children under 5 ... ..	330 children

The provision of dental treatment for expectant and nursing mothers was handicapped during 1946 by a shortage of the dentists on the staff of the Local Education Authority who carry out the work for the Child Welfare Authority. The majority of the thirty-nine mothers were treated on conservative lines. Six required dentures. Four mothers were supplied with full upper and lower dentures and two with full upper dentures. The dental officers take the impressions and make the bite blocks and a firm of dental mechanics makes the dentures.

## PART II.

Description of the Service which it is proposed to operate  
on the appointed day

## A. GENERAL ARRANGEMENTS

1. *Administrative arrangements.* The Authority should briefly describe what the administrative organisation throughout their area will be and what medical staff will be employed: and should set out their proposals in regard to the rationalisation and expansion, where this may be possible, of existing services on the appointed day.

The Local Health Authority is to appoint a Maternity and Child Welfare Sub-Committee of the Health Committee to be responsible for those parts of its Health Services which are related to the Care of Mothers and Young Children. The same Sub-Committee will also be responsible for the work of Health Visitors and Domestic Help.

The Local Health Authority proposes to continue its financial support of the Bolton Mother and Child Welfare Association provided that the Local Health Authority has reasonable representation on the Committee of Management of the Association and that the work of the Association is conducted in a way which is approved by the Health Committee and the Medical Officer of Health. The Mother and Child Welfare Association is to arrange for the attendance of voluntary workers at Child Welfare Centres and the Local Authority is to provide the medical and nursing staff.

The medical staff at the centres is to be recruited from general practitioners with special interest or experience in the health of young children. Whole-time officers of the Local Health Authority may also be employed. The Regional Hospital Board is to be asked to advise in the appointment of a pædiatrician who is to conduct clinics for young children to which medical officers may send cases for specialist treatment after prior consultation with the patient's own doctor (if any). It is intended, if possible, to arrange with the Regional Hospital Board that the pædiatrician will also hold an appointment at a hospital in the Hospital Management area in which Bolton is situated and that the medical officers attending Child Welfare Centres will be granted facilities to attend the hospital out-patient department and to observe the treatment of cases in the wards.

Subject to the agreement of the Regional Hospital Board where necessary the ante-natal clinics for mothers who are to be delivered at home or in one of the three Maternity Homes (Haslams, Havercroft, Heaton Grange), are to be conducted by general practitioner obstetricians. No arrangements are being made for the ante-natal care of mothers who are to be confined in Townleys Hospital as it is assumed that the medical staff of the hospital will undertake this work. The Regional Hospital Board is expected to provide the services of a consultant obstetrician and gynæcologist to conduct clinics to which general practitioner obstetricians may refer cases for a further opinion. The consultant obstetrician and gynæcologist is also expected to conduct post-natal clinics. If the Regional Hospital Board is unable to provide the services of a consultant obstetrician, the Local Health Authority is to make its own arrangements direct with a consultant obstetrician to conduct ante-natal clinics and post-natal clinics.

Arrangements are to be made for the examination by a dental surgeon of all women attending ante-natal clinics. When a senior dental officer is appointed, the Local Education Authority is to be asked to agree to the appointment of the same officer as the senior dental officer to the Local Health Authority. He is to be responsible for advising the Local Health Authority on the best use which can be made of the available dental resources for providing dental inspection and treatment for expectant and nursing mothers and young children. In general, it is proposed to make arrangements for dental officers of the Local Education Authority to undertake the dental inspection of expectant and nursing mothers and for treatment to be carried out at special evening clinics. It is also proposed to employ private dental practitioners in a part-time capacity to undertake inspection and treatment of expectant and nursing mothers.

2. *Particulars of any joint arrangements with other Local Health Authorities.*

None.

3. *Arrangements with voluntary organisations. A brief description should be given of any arrangements which it is proposed to have with voluntary organisations under Section 22 (5)—see paragraphs 21 and 22 of the Circular. Particulars should not be included of any contributions which it may be proposed to make to such organisations. Approval to contributions should be sought separately.*

Arrangements are to be made with the Bolton Mother and Child Welfare Association, a voluntary organisation whose objects are to lessen Infant and Maternal Mortality, to aid in preventing infant sickness and to help surviving children to become healthy and strong. The Association is to receive a financial grant from the Local Health Authority and is to find premises and voluntary workers for Child Welfare Centres. The voluntary workers at the centres are to assist in the general and clerical work and in the distribution of any proprietary foods and infant preparations which may be ordered by the Medical Officers or Health Visitors. The Local Health Authority is to appoint Medical Officers and Health Visitors to work in the Centres and is to have administrative responsibility for their work.

Arrangements for the Care of unmarried mothers and their babies are to be made with the Bolton Moral Welfare Association. The whole-time worker of the Association is to co-operate with officers of the Local Authority in helping unmarried mothers, in finding suitable homes for their confinement and in promoting the welfare of the mother and the child. The Authority is to give financial assistance to the Association and to accept responsibility in approved cases for maintenance in maternity homes and hostels.

4. *Liaison with other bodies.* The Authority should indicate in general terms how they propose to co-ordinate their arrangements for the care of mothers and young children with the hospital and specialist services provided by the Regional Hospital Board (see paragraph 14 of the Circular).

The Local Authority expects to receive the assistance of specialist officers of the Regional Hospital Board in maintaining and extending the standards of clinical work in the care of mothers and young children. It is to ask the Regional Hospital Board to provide the services of one or more obstetricians attached to hospitals in the area of the local Hospital Management Committee to conduct consultant ante-natal clinics for women who are to be delivered in their own homes or in a maternity home. If consultants of the Regional Board are not available for this purpose, the Authority will contract directly at their own expense with a consultant obstetrician to conduct such clinics. The Local Authority is to ask consultants of the Regional Board to give from time to time, courses of clinical instruction to midwives practising in its area. The Local Authority expects to receive full-co-operation from the hospitals of the Regional Board in providing accommodation for " Social Emergency " maternity cases.

The Local Authority is to appoint a pædiatrician of the Regional Hospital Board, if the Board agrees, to conduct specialist Child Welfare Centres to which children may be referred by medical officers of the Child Welfare Centres. The Board is to be asked to allow medical officers of the Child Welfare Centres to be attached to children's departments of the local hospitals in such a capacity that they may follow the after course of cases they have seen. The Local Authority will, if the Board agrees, employ in a part-time capacity, medical

officers of the Regional Hospital Board who work in children's departments of hospitals as medical officers at Child Welfare Centres. Pædiatricians of the Regional Hospital Board are to be asked to arrange courses of lectures and demonstrations on child and infant health for Health Visitors, Nurses and Midwives of the Local Authority.

## B. PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY

1. *Clinics (including clinics provided by voluntary organisations). Information should be given on the following points :—*

- (a) Number of ante-natal clinics ; and number of ante-natal sessions to be held each week (subject to the agreement of the Regional Hospital Board in regard to the sessions to be held for patients for the Maternity Homes).

One session per week for Haslam Maternity Home patients.

„	„	„	Havercroft	„	„
„	„	„	Heaton Grange	„	„
Two	„	„	Domiciliary Midwives cases.		
One	„	„	Consultant Ante-natal Clinic.		

- (b) Number of post-natal clinics ; and number of post-natal sessions to be held each week.

One session per week.

Both the post-natal and the ante-natal clinics are to be held in the Central Health Department, Civic Centre, Bolton.

- (c) Number of infant welfare centres ; and number of infant welfare sessions to be held each week.

11 Child Welfare Centres. Two sessions per week are to be held at one of the centres making a total of 12 sessions per week.

2. *Care of Premature Infants.* The arrangements to be made for the care of mothers and infants at home should be described (see Circular 20/44 dated 22nd March, 1944).

Health Visitors with special experience in the care of premature infants are available to co-operate with domiciliary midwives in the care of premature babies as soon after their birth as is practicable. Premature baby cots complete with mattresses, bedding and hot water bottles, and special feeders are available on loan and are to be delivered immediately to the home on request.

It is anticipated that close contact will be maintained between the Health Visitors and the doctor attending the premature infant, and the children's department of Townleys Hospital where a side ward is specially equipped for the care of premature infants who cannot be cared for at home. It is proposed to co-ordinate these arrangements with the Regional Hospital Board.

3. *Dental Care.* The following information should be given :—

(i) What provision will be made for the dental treatment of :—

(a) expectant and nursing mothers, showing it separately for (a) expectant mothers, (b) nursing mothers if desired.

### **Expectant Mothers**

Arrangements are to be made for dental officers of the Local Education Authority or for private dental practitioners to attend ante-natal clinics of the Local Health Authority and to make a routine dental examination of all expectant mothers. Those expectant mothers who are found to be in need of dental treatment are to be offered free treatment. Special evening clinics are to be conducted by whole-time officers of the Local Education Authority or by private dental practitioners in the clinics of the Authority and expectant mothers referred from the ante-natal clinics are to receive treatment. Particular attention will be given to conservative treatment.



## Nursing Mothers

Similar facilities are to be made available for the treatment of nursing mothers. Nursing mothers who have not been examined by a dental surgeon in the ante-natal stage are to be referred for treatment by the medical officers of the post-natal clinics when necessary.

(b) young children.

Young children are to be examined periodically by dental surgeons at the Child Welfare Centres when the necessary arrangements can be made. Any young children found to be requiring dental treatment by medical officers of the Child Welfare Centres are to be treated at the clinics of the Local Education Authority. Particular attention will be given to conservative treatment.

(ii) **How many dentists are to be employed on this work :—**

*(Where some dentists will be employed part-time, their equivalent in terms of full time officers should also be given).*

(a) full time      None.

(b) part-time      Three, to give the equivalent of half-time service of one dental surgeon.

(iii) **Number of sessions to be held each week.**

Four.

(iv) **What arrangements will be made for patients requiring dentures.**

The dental surgeons are to make the dental impressions and the bite blocks at the treatment clinics. The dentures are to be made by a firm of dental mechanics and supplied to the mothers.

4. *Supply of Welfare Foods. A brief statement should be given of the arrangements which will operate.*



The Welfare Foods distributed by the Welfare Foods Department of the Ministry of Food are to be issued at the Central Child Welfare Department of the Local Authority. Proprietary infant food preparations prescribed by medical officers of the Child Welfare Centres are to be supplied at the Centres by the Mother and Child Welfare Association. The Health Visitors in the course of their duties are to encourage mothers in the use of suitable Welfare Foods and vitamin preparations for themselves and their children.

*5. Provision of Maternity Outfits. An indication should be given of the arrangements which will operate for providing expectant mothers with Maternity Outfits.*

Sterile maternity outfits are to be supplied to all mothers confined at home in the area of the Authority. The outfits are to be delivered to the midwives' houses and are to be distributed by the midwives to the patients.

## 6. NURSERY PROVISION

### (a) DAY NURSERIES

Arkwright Street, Newport Street, Shaw Street. These nurseries provide for the working mother's children from the age of 6 months to 5 years. The three nurseries have 155 places. Infants of unmarried mothers, widows and separated wives may be admitted before the age of 6 months. It is proposed that these nurseries should continue.

*(b) RESIDENTIAL NURSERIES. Particulars should be given of the Residential Nurseries provided.*

Park House Nursery provides for 25 resident children. The accommodation is reserved for the children of mothers entering sanatoria or hospital for confinement or operation, and of mothers who are shift-workers, nurses working full time and similar cases. In addition, there are places for 25 Day children.

It is intended that the residential portion of this nursery shall be provided in discharge of the duty placed on the County Borough Council by the Children Act, 1948, and shall be administered in the manner provided in that Act and the Regulations made thereunder. The 25 places for Day Children will be retained as a provision under Section 22 of the National Health Service Act.

(c) *Other forms of provision for the care of children during the day time only, such as registered daily guardians and creches in Infant Welfare Centres should be described.*

None.

7. *Care of Unmarried Mothers and their children. The arrangements for the care of unmarried mothers and their children should be described.*

The Local Authority is to continue its arrangements with the Bolton Moral Welfare Association for the care of unmarried mothers and their children. The worker of the Association is to arrange for unmarried expectant mothers to enter various Mother and Baby Homes for confinement and subsequent care. The Moral Welfare Worker is to maintain close contact with the Superintendent Health Visitor with regard to unmarried mothers and the adoption of infants. The cost of maintenance in the Homes is to be defrayed by the Local Authority. Girls suffering from venereal disease are to be accommodated in special homes.

### PART III

#### Development Plan (see paragraph 8 of the Circular)

*If on the appointed day the whole of the area will not be adequately covered, full particulars should be given of the deficiencies and of the Authority's proposals for meeting them. The development plan should be in two parts—the first covering what is essential in the very near future and the second what will need to be provided as soon as circumstances permit to bring the service to full efficiency. Under both heads, the plan should show requirements in order of priority and the dates by which the Local Health Authority hope to be able to meet them.*

The arrangements for the care of mothers and young children on the appointed day will be inadequate in several important respects. Child Welfare Centres are at present unsatisfactory because they are housed in unsuitable premises and because the attendances are too large. With the recent increase in the birth rate, the number of attendances at the centres is greater than ever. Dental treatment for expectant and nursing mothers and young children is likely to be inadequate to meet the need because of shortage of dental surgeons. Day Nursery accommodation is insufficient.

## (a) DEVELOPMENTS ESSENTIAL IN THE NEAR FUTURE

(i) More Child Welfare Centres are necessary. It is proposed in the near future to open four more Child Welfare Centres. Three are to be in Bradford Ward, West Ward and Brightmet in the same type of premises that are used at present. The fourth is to be in Astley Bridge, in premises which are to be adapted for use as a School Clinic. It is proposed to employ general practitioners with special experience or interest in the health of young children, to conduct these centres, or whole-time officers of the Local Authority. One session is to be conducted by a Specialist Pædiatrician.

(ii) More dental treatment is to be provided for expectant and nursing mothers and young children. There are still large numbers of expectant and nursing mothers who require dental treatment but who decline to submit to treatment. It is proposed to use education and propaganda to increase the number of mothers accepting treatment. Arrangements are then to be made with the Education Department for further joint use of their clinic premises and for the employment of their dental officers for evening sessions or, by arrangements, for the part-time employment of their dental officers for work amongst mothers and young children in the day time. If it is necessary and practicable, whole-time dental officers will also be employed by the Local Health Authority. Arrangements are also to be made with private dental practitioners to undertake the inspection and treatment of expectant and nursing mothers. It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic ; for the periodical examination of children under the age of five ; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

(iii) Two more day nurseries are to be opened in the near future. Premises belonging to the Corporation in Merehall Park are to be adapted for use as one Day Nursery. A prefabricated building is to be erected in a convenient and suitable situation for the second nursery.

## (b) DEVELOPMENTS AS SOON AS CIRCUMSTANCES PERMIT

New premises specifically designed for the purpose are necessary for all the Local Health Authority's activities in relation to the care of mothers and young children. The Health Authority is seeking the co-operation of the Council's Housing Department in the reservation of suitable sites for Health Centres in new Housing Estates. The Authority is anxious to share with the Local Executive Council in the use of any Health Centres which may be erected. It is of the opinion that fifteen Health Centres are required for the use of Bolton. In all of these centres the Authority hopes that arrangements can be made with the Local Executive Council for Child Welfare Centres, for carrying out dental inspections of young children and for providing dental treatment for expectant and nursing mothers and young children.

A third additional day nursery is to be provided and two of the existing day nurseries are to be replaced by more suitable premises. The existing residential nursery, which is inconvenient in construction, is to be replaced by a specially designed residential nursery.

## MIDWIVES SERVICE

(Section 23)

## PART I

## STATISTICAL DATA

Total number of domiciliary births in the Authority's area :—

(a) 1945	(b) 1946
—	—
936	1,100

## EXISTING SERVICE

*A brief description should be given of the domiciliary midwifery service operating now. In particular information should be given as to the extent to which the present service is provided (i) directly by the Council, (ii) through the agency of other bodies; and of the number of midwives engaged in it.*

Thirteen (13) Midwives are engaged directly by the Council and bookings for the Domiciliary Midwifery Service are undertaken by the Health Department in the Civic Centre, Bolton. Cases are allotted, as far as possible, to the nearest midwife, who gives ante-natal care by periodically conducting examinations in her own home or by visiting patients' homes.

Ante-natal clinics, with a doctor in attendance, are conducted at the Civic Centre twice weekly for all expectant mothers engaging municipal or private midwives. A consultant obstetrician and gynaecologist attends weekly at the Civic Centre for abnormal cases, when municipal midwives are in attendance.

A post-natal clinic is held monthly with a gynaecologist in attendance.

Apparatus for gas and air analgesia is available at the Borough Ambulance Station and is delivered at patients' homes as required. Transport for midwives is provided from the same source when public service vehicles are not available. Uniform, equipment and telephones are supplied to all municipal midwives and travelling expenses paid.

Two midwives resident at the Municipal Midwives Hostel are District Teachers of pupil-midwives from the "Part II" Training School in the Municipal Maternity Homes.

A whole-time woman medical officer of the Local Health Authority acts as Medical Supervisor of midwives and the Superintendent Health Visitor acts as Non-Medical Supervisor of Midwives.

## PART II

### **Description of the Service which will operate on the appointed day**

#### GENERAL ADMINISTRATIVE ARRANGEMENTS

*1. The Authority should describe the general arrangements proposed to be made for the provision of a domiciliary midwifery service on the appointed day.*

The Local Health Authority is to delegate to a Sub-Committee its powers and duties relating to the Midwives Service. The same Sub-Committee will also be responsible for Home Nursing.

The Authority is to employ thirteen (13) (or such greater number as is required) district midwives living in houses suitably distributed to meet the needs of the area. Two of the midwives are to live in a hostel where there is also accommodation for pupil-midwives engaged in training for Part II of the examination of the Central Midwives Board in the three maternity homes, Haslams, Havercroft and Heaton Grange. Arrangements for the booking of midwives by expectant mothers are to be made in the Central Offices of the Local Health Authority. Expectant mothers are to be allowed to book the midwife of their choice but when the expectant mother expresses no preference, or when the preferred midwife is fully booked, she is to be allotted to the nearest midwife. All municipal midwives are to give ante-natal care to their patients in the midwives' homes or by visiting the patients' homes.

Ante-natal clinics are to be conducted in the Central Department of the Health Authority by general practitioner—obstetricians or by a whole-time medical officer of the Local Authority for all district midwives' cases. Midwives are to ask all their patients to attend for examination by the general practitioner—obstetrician. A consultant obstetrician and gynaecologist is to conduct an ante-natal clinic and a post-natal clinic to which cases may be referred. The district midwives are to attend the clinics when their patients are being examined.

Apparatus for gas and air analgesia is to be kept in the Central Ambulance Station and transported to the patients' homes when required. Transport for the municipal midwives is to be provided by motor car from the Central Ambulance Station when public service vehicles are not available. Uniform, telephones and equipment, including furnishings for the consulting room are to be supplied to the district midwives and travelling expenses are to be paid. Free accouchment outfits are to be provided to all maternity patients.



2. *The Authority should state how many midwives they propose to employ directly—the numbers of whole-time and part-time midwives should be given separately and in the case of part-time midwives their equivalent in terms of full-time midwives should be given.*

*Whole-time*

13

*Part-time*

None.

3. *Particulars should be given of any arrangements proposed to be made with voluntary organisations or other bodies and the general lines of any agreements proposed to be entered into with such bodies should be indicated (see paragraphs 4, 5 and 24 of the Circular).*

None.

4. *Particulars should be given of any joint arrangement with another Local Health Authority.*

By agreement with the Lancashire County Council, domiciliary maternity cases living near the boundary between the areas of the County Council and Bolton, are as a matter of convenience to be attended by midwives of either authority, subject to the consent in each case of the authority employing the midwife.

#### ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES

*The arrangements for supervision should be outlined (see paragraph 27 of the Circular) and it should be indicated whether it is proposed to have both a medical and a non-medical supervisor.*

A consultant obstetrician and gynaecologist is to be appointed medical supervisor of Midwives and a suitably qualified midwife is to be non-medical supervisor of Midwives, combining the appointment with the duties of Assistant to the Superintendent of Home Nursing.

#### TRANSPORT

*Information should be given of the general arrangements to be made for the transport of midwives and their equipment to cases (see paragraph 29 of the Circular).*



The Domiciliary Midwives are to use public transport when it is available. When there is no available public transport and midwives have to travel more than a mile to a case, transport is to be provided from the Central Ambulance Station of the Local Authority. Gas and air analgesia apparatus is to be kept and maintained in the Central Ambulance Station and is to be transported to the home of the patient on receipt of a request from the midwife. Midwives possessing cars of their own are to be paid for the use of their cars for professional purposes at mileage rates which are to be arranged. If the Local Authority is of the opinion that the provision of cars to midwives is likely to facilitate the working of the service, such provision will be made.

#### GAS AND AIR ANALGESIA

*The arrangements to provide facilities for gas and air analgesia should be described (see paragraph 28 of the Circular).*

Apparatus for the administration of gas and air analgesia is to be kept and maintained in the Central Ambulance Depot. On the receipt of a request from the midwife, the apparatus is to be conveyed and delivered to the home of the patient. Certificates that patients are fit to receive gas and air analgesia are to be given by medical officers at the ante-natal clinics.

Eleven of the thirteen district midwives now employed by the Authority hold certificates of fitness for the administration of gas and air analgesia. Of the remaining two midwives, one is nearing retirement and the other is to receive training as soon as possible.

### PART III

#### Development Plan (see paragraph 8 of the Circular)

*If on the appointed day the whole of the area will not be adequately covered by the domiciliary midwifery service described in part II, full particulars should be given of the deficiencies and of the proposals for meeting them.*

It is anticipated that on the appointed day the area will be adequately covered by the Domiciliary Midwifery Service but the Authority will make such additions to the staff as experience may show to be required and as it is possible to obtain. The Authority is anxious to further improve the distribution of the midwives in its area and to improve the housing accommodation of the midwives and the rooms used for the examination of patients. It is proposed to seek the co-operation of the Housing Department of the Authority and to ask for the allocation of houses to midwives in suitable situations in new housing estates. The Authority is also desirous of making arrangements for midwives to reside in Health Centres which may be situated in convenient areas and in which it is possible to provide living accommodation.

## HEALTH VISITING

(Section 24)

### PART I

#### STATISTICAL DATA

1.	Area in square miles of Local Health Authority's area	23·87
2.	Total mid-1946 population ... ..	161,120
3.	Number of births in 1946 ... ..	3,055

#### EXISTING SERVICE

*A brief description should be given of the arrangements for health visiting which are operating now. In particular information should be given as to the extent to which the present service is provided (i) directly by the Council or other Local Authorities, (ii) through the agency of other bodies : and of the number of health visitors employed.*

The Local Authority employs a Superintendent Health Visitor and twenty-two Health Visitors for combined duties under the Health Committee and the Education Committee. At the present time, there are vacancies on the staff and there are also nurses employed

who are not qualified Health Visitors who devote all their time to the work of the School Health Service. Under the present circumstances, there are fifteen districts for Health Visiting purposes. In twelve of these districts there are Health Visitors devoting half of their time to Health Visiting and the other half to the work of the School Health Service. One large district is in the charge of a Health Visitor who devotes all of her time to the work. One district is visited by a Health Visitor who devotes one half of her time to Health Visiting and the other half to duties as Nurse Supervisor of Nurseries. The remaining district is visited by a Health Visitor who devotes half of her time to Health Visiting and the other half to work in the Venereal Diseases Clinic.

A Superintendent Health Visitor supervises the work of the Health Visitors. One senior female clerk devotes part of her time to the clerical work connected with Health Visiting. Two other female clerks devote half of their time to the clerical work associated with Health Visiting.

Nursing service for ten Child Welfare Centres, two Diphtheria Immunisation Clinics and two Ante-natal Clinics is provided by the Health Visitors.

## PART II

### Description of the Service which will operate on the appointed day

#### GENERAL ADMINISTRATIVE ARRANGEMENTS

1. *The Authority should describe the general arrangements proposed to be made for the provision of a service of Health Visitors on the appointed day.*

The Health Committee is to delegate its powers and duties relating to Health Visiting to a Maternity and Child Welfare Sub-Committee which is also to be responsible for the Authority's duties in relation to the Care of Mothers and Young Children and Domestic Help.

The Authority is to continue its policy of combining the duties of Health Visiting and of the School Health Service. A Superintendent Health Visitor is to supervise the combined service. The area of the Authority is to be divided into twenty-two districts as soon as a full staff of Health Visitors is employed. It is estimated that on the appointed day it will only be possible to make sixteen districts with Health Visitors devoting half of their time to Health Visiting in fifteen districts and a Health Visitor devoting all her time to the duties of Health Visiting in the sixteenth district. The Health Visitors are to undertake, in addition to their present duties, the preservation of health of households as a whole and the making of enquiries into cases of infectious disease and the taking of precautions against the spread of infection. They are to visit at home all persons immediately after their discharge from hospital and are to advise as to the means for obtaining any after-care which may be required.

The Health Visitors are to work from the Central Offices of the Health Department. They are to attend Child Welfare Centres, Ante-natal and Post-natal clinics, and Immunisation and Vaccination clinics as required. They are to encourage immunisation against Diphtheria, and vaccination, and are to use all means at their disposal for furthering education in health and hygiene.

An adequate clerical staff is to be employed for clerical duties related to the work of Health Visitors.

2. *The Authority should state how many Health Visitors they propose to employ directly—the numbers of whole-time and part-time Health Visitors should be given separately and, in the case of part-time visitors, their equivalent in terms of full-time officers should be stated.*

Whole-time ... 2

Part-time ... 22, Equivalent to 11 whole-time officers.

3. *Particulars should be given of any arrangements proposed to be made with voluntary organisations, including the number of Health Visitors (in terms of full-time officers) involved, and the general lines of any agreements proposed to be entered into with such organisations should be indicated (see paragraphs 4 and 5 of the Circular).*

None.

## GENERAL ADMINISTRATIVE ARRANGEMENTS

4. *Particulars should be given of any joint arrangements with another Local Authority.*

None.

## TRANSPORT

*It should be indicated whether any special arrangements will need to be made for the transport of Health Visitors in order to make the best use of their time, and if so, general information should be given as to the arrangements which will be made.*

The Health Visitors are to use public transport.

## PART III

## Development Plan (see paragraph 8 of the Circular)

*If, as from the appointed day, the whole of the area will not be adequately covered, particulars should be given of the deficiencies and of the proposals for meeting them. While it is appreciated that an immediate expansion of personnel will not be possible generally, the Authority's plans for developing the service should be indicated.*

It is anticipated that the additional duties assigned to Health Visitors will make it necessary for the Authority to increase the number it employs. This will be done as soon as the supply of trained personnel permits.

## HOME NURSING

(Section 25)

## PART I

- |  |   |
|--|---|
| 1. Area in square miles of Local Authority's area. | 23.87 (15,280 acres land and inland water). |
| 2. Total mid-1946 population ...                   | 161,120.                                    |

## PART II

## Description of the Service which will operate on the appointed day

## GENERAL ADMINISTRATIVE ARRANGEMENTS

1. *The Authority should describe the general arrangements (including those for supervision—see paragraphs 27 and 36 of the Circular—and any arrangements for a night service) proposed to be made for the provision of a service of Home Nursing on the appointed day.*

The Local Health Authority is to delegate to a Sub-Committee of twelve members its powers and duties relating to Home Nursing. Not less than seven members of the Sub-Committee are to be members of the Health Committee and not more than five members are to be co-opted members, with experience in the work of the Bolton District Nursing Association. The Local Health Authority is to delegate to the same Sub-Committee its powers and duties in relation to District Midwifery.

The Local Authority is to employ twenty-two District Nurses and is to ask the Bolton District Nursing Association to agree to the transfer of its nursing staff to the Local Authority subject to the consent of the individual members of the staff. The Local Authority is also to employ Assistant Nurses for certain home nursing duties if they are found to be necessary and if they are available. The Bolton District Nursing Association is to give or rent or sell to the Local Authority, its existing Nurses' Home at 68 and 70, Chorley New Road, Bolton, for use by the Local Authority as a home for its District Nurses and as the centre for its Home Nursing service and if found desirable, for District Midwives and Pupil-Midwives.

District Nurses are to visit and nurse patients in their homes. The Authority propose to employ a proportion of Assistant Nurses who will work under the direction of the District Nurses and will relieve them of simple nursing duties for patients needing day or night care. Nursing service by the District Nurses and by Assistant Nurses working in the Home Nursing Service, is to be provided at the request of a medical practitioner.



The Superintendent of District Nursing is to reside in the Nurses' Home and is to be responsible for the supervision of the District Nursing Service. She is to have an Assistant Superintendent on her staff who is also to be appointed Non-Medical Supervisor of District Midwives. The Superintendent of District Nursing is to be responsible for the Nurses' Home, including any part of it which may be occupied by District Midwives and Pupil-Midwives.

*2. The Authority should state how many nurses they propose to employ directly—the numbers of whole-time and part-time nurses should be given separately, and in the case of part-time nurses their equivalent in terms of full-time nurses should be given.*

Whole-time . . . 22 District Nurses and as many Assistant Nurses as are necessary and available.

Part-time . . . Such numbers as are necessary to maintain a staff equivalent to 22 whole-time District Nurses.

*3. Particulars should be given of any arrangements proposed to be made with voluntary organisations, including the number of nurses (in terms of full-time nurses) involved, and the general lines of any agreements proposed to be entered into with such organisations should be indicated (see paragraphs 4, 5 and 32 of the Circular).*

Arrangements are to be made with the Bolton District Nursing Association for the transfer of its nursing staff to the Local Authority and for the use of its Nurses' Home as the centre of the Local Authority's Home Nursing Service. Not more than five representatives from the Bolton District Nursing Association are to be asked to serve on the Sub-Committee of the Health Committee responsible for the Home Nursing, Domiciliary Midwifery and Domestic Help Services.

*4. Particulars should be given of any joint arrangements with another Local Health Authority.*

None.



## TRANSPORT

*It should be indicated whether any special arrangements will need to be made for the transport of nurses in order to make the best use of their time and if so general information should be given as to the arrangements which will be made.*

In general, the District Nurses are to use public transport or bicycles but motor cars are to be used by District Nurses who are able to drive cars and who work in districts where there are long distances between patients' homes. The Bolton District Nursing Association is to give or to sell to the Local Authority, the two motor cars at present used by the District Nurses, for the use of the District Nurses of the Local Authority.

## PART III

## DEVELOPMENT PLAN (SEE PARAGRAPH 8 OF THE CIRCULAR)

*If any part of the area is not covered particulars should be given, and of the proposals for remedying the deficiency. While it is appreciated that an immediate expansion of personnel will not be possible generally, the authority's plans for developing the service should be furnished.*

The Local Authority is to employ as many District Nurses as are necessary to meet the needs of the area, subject to sufficient numbers of nurses being available. It is proposed to obtain more cars for use by District Nurses in order to increase the amount of nursing work carried out by each nurse.

The Authority is anxious to consider with the Local Executive Council, the desirability of providing resident accommodation for District Nurses in selected Health Centres.

**PROPOSALS FOR CARRYING OUT DUTIES UNDER  
SECTION 26 OF THE NATIONAL HEALTH SERVICE  
ACT 1946, RELATING TO VACCINATION AND  
IMMUNISATION**

**PART I**

**Statistical Data**

1. Total Mid. 1946 population of the Authority's area 161,120
2. Mid. 1946 child population of the Authority's area :
  - (a) Under 5 years ... .. 12,110
  - (b) Ages, 5—15 years ... .. 20,020
3. Number of registered live births in the Authority's area :
  - (a) 1945 ... .. 2,492
  - (b) 1946 ... .. 3,055
4. Estimated percentage of Mid. 1946 child population who had been immunised against Diphtheria up to 31st December, 1946 :
  - (a) Under 5 years ... .. 45·1%
  - (b) Ages 5—15 years ... .. 69·1%
5. (a) Estimated number of Vaccinations against Smallpox of children aged 0—15 years which are likely to be undertaken in the year ending 31st March, 1949 ... .. 500
- (b) Estimated number of Immunisations against Diphtheria of children aged 0—15 years which are likely to be undertaken in the year ending 31st March, 1949 ... .. 2,500

## PART II

**Diphtheria Immunisation****A. CHILDREN UNDER 5**

- (a) The Local Health Authority is to rely mainly on its officers engaged in Child Welfare Work to ensure that as many infants and young children as possible receive immunisation. These officers are to advocate immunisation as part of their general infant welfare work both during home visiting, at Child Welfare Centres and at Day Nurseries. In addition, use is to be made of suitable methods of health education, including material and advice from the Central Council for Health Education. Immunisation is to be carried out at ordinary Child Welfare Centres, at Day Nurseries, at organised sessions and by any medical practitioners who are willing to immunise children residing in the area of the Authority.
- (b) Sessional arrangements are to be made at such clinics or other centres as will make these facilities as readily accessible as possible to persons living in any part of the Authority's area, and sessions are to be held with sufficient frequency and at such hours as will meet local requirements without delay or difficulty for those wishing to take advantage of them.
- (c) Health Visitors are to be responsible for encouraging immunisation, during the course of their home visits and at Child Welfare Centres. Municipal Midwives are also to stress the desirability of immunisation in their contacts with mothers of young children. The doctors and nurses of the School Health Service are to regard their personal contacts with school teachers as important means of enlisting their interest and support, especially in Nursery Schools and Classes.
- (d) The facilities for immunisation are to be made known to the public by means of posters in public offices, Child Welfare Centres and School Clinics and Infant and Nursery

Schools. Appropriate leaflets are to be available for distribution to mothers of young children. " Birthday Cards " are to be sent on their first birthday to children not already immunised.

- (e) Suitable methods of health education, including the materials and advice of the Central Council for Health Education, are to be used.

## B. CHILDREN OF SCHOOL AGE

Direct appeals are to be made to the parents of children who have not been immunised prior to admission to school, encouraging them to agree to their immunisation and as in the case of children under 5, appropriate methods of publicity and health education are to be adopted. Facilities for free immunisation will be afforded in school at the time of each school medical inspection or at any time at the school clinics. Systematic provision is to be made for the administration of re-inforcing injections as required.

## C. RECORDS AND PAYMENTS OF FEES

The Authority is to keep records in such standard form as the Ministry of Health may require. All medical practitioners performing immunisation are to be required to furnish particulars in such standard form as the Ministry may require or the Authority considers necessary.

## D. MEDICAL ARRANGEMENTS

Every practitioner in the area whether undertaking to give service under Part IV of the Act or not, is to be invited to undertake immunisation on behalf of the Authority. He is to be paid by the Authority agreed fees for the immunisation of any child under 15 years, resident in the Authority's area, on supplying the Authority with a record showing that the child has been immunised or has received a reinforcing dose not less than three years after a previous immunisation or re-inforcing dose.

## Smallpox

### A. INFANT VACCINATION

The Authority is to make arrangements for the performance of infant vaccination in individual cases by general practitioners taking part in its scheme. It is also to arrange, if necessary and in the light of local needs and circumstances, for special sessions for infant vaccination to be held at Child Welfare (or other) Centres. The Authority is to take steps to encourage free vaccination against Smallpox, particularly in infants between the ages of 2 and 4 months. Notices are to be sent through the post to the parents of infants about 2 months after their birth urging the desirability of vaccination and giving information of the facilities which are available. The Health Visitors and the Midwives in the course of their work are to encourage vaccination. Suitable methods of health education are to be adopted to keep the value of vaccination before the public.

### B. RECORDS AND PAYMENT OF FEES

The Authority agrees to pay medical practitioners such fees as are fixed by the Minister of Health after negotiation with the representatives of the profession, on receipt of particulars necessary for record purposes. The Authority is to keep records to enable it to obtain such information as it may need and to supply the Minister of Health with statistics which he may require.

### C. ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX

In the event of an epidemic of Smallpox, calling for the vaccination or re-vaccination of large numbers of contacts or of mass vaccination or re-vaccination, the Medical Officer of Health is to arrange for special sessions in the Central Health Department, School Clinics, Schools or other suitable premises. Public intimation of the sessions is to be made by press advertisement, posters and lantern slides in places of public entertainment.

### D. MEDICAL ARRANGEMENTS

The Authority is to invite all medical practitioners whether undertaking to give service under Part IV of the Act or not, to undertake under the Authority's arrangements vaccination and re-vaccination of persons resident in Bolton.

PROPOSALS FOR CARRYING OUT DUTIES UNDER  
SECTION 27 OF THE NATIONAL HEALTH SERVICE  
ACT, 1946, RELATING TO AMBULANCE SERVICE

PART I

1. TOTAL MID-1946 POPULATION OF THE AUTHORITY'S AREA  
161,120
2. AREA IN SQUARE MILES  
23·8 (15,280 Acres land and inland water).
3. PARTICULARS OF EXISTING AMBULANCE SERVICES—

A.

DISTRICTS SERVED :

Bolton

A single co-ordinated Ambulance Service provides for all types of removals to all hospitals (Townleys Hospital, Fishpool Institution, Lancashire Mental Hospitals, Bolton Royal Infirmary, Borough Isolation Hospital, Sanatoria, Orthopædic Hospitals, Christie Hospital, Manchester).

Lancashire County Council :

(Farnworth, Horwich,      The Bolton Ambulance Service removes  
Kearsley, Little Lever, to Townleys Hospital, Fishpool Institution  
Turton, West-              and the Lancashire Mental Hospitals.  
houghton).

Turton U.D.C.

By agreement, the Bolton Ambulance Service provides for street and other accidents and for the removal of cases to the Bolton Royal Infirmary.

Farnworth

The Bolton Ambulance Service provides for the removal of any Farnworth patients to the Bolton Borough Isolation Hospital.

## B. EXISTING AMBULANCES :

- |                           |  |
|---------------------------|--|
| 2—Austin 24 h.p.          | 3 Stretchers. First registered in 1937 and 1938. Both vehicles serviceable. Require replacing in 1949.             |
| 2—Austin K.2<br>26·9 h.p. | 4 Stretchers. W.D. type of ambulance. First registered in 1942. Unsuitable for town work. Require replacing now.   |
| 1—Austin K.2<br>26·9 h.p. | 2 Stretchers. First registered in 1942. Mileage over 80,000. Requires replacing now.                               |
| 1—Austin 18 h.p.          | 2 Stretchers. First registered in 1935. Requires replacing now.  |
| 2—Morris 12 h.p.          | 1 Stretcher. Ex-R.A.F. Ambulance adapted for civilian use in 1946 as a temporary expedient. Require replacing now. |

## C. EXISTING SITTING-CASE CARS :

- |                  |  |
|------------------|--|
| 1—Austin 10 h.p. | 4 Seater Saloon. First registered in 1947. |
|------------------|--|

## D. OTHER VEHICLES :

Nil.

## E. AMBULANCE STATION :

There is one Station only situated in a central position in Black-horse Street, Bolton, for all ambulances. It is controlled by the Health Committee. Eight Ambulances and one Sitting-Case Car are garaged in the Station. Two cars for the use of the Mayor of Bolton, and the vehicles of the Health Department are also garaged and serviced in the Station.

## F. ARRANGEMENTS FOR SERVICING AND MAINTENANCE :

All servicing and most repair work is carried out by the staff in a repair shop in the Ambulance Station. Specialised work is carried out by local firms.



## G. STAFF :

1 Ambulance Superintendent
1 Engineer Mechanic
2 Mechanics
17 Driver-Attendants
*6 Attendants
2 Clerks

## H. NUMBER OF CALLS :

Calls in year ending March 31st, 1947 :—

Ambulances	15,996
Sitting-Case Cars	182

## I. TOTAL MILEAGE RUN :

Ambulances	82,442
Sitting-Case Cars	4,960

---

Total 87,402

## PART II

## 1. Service which will operate from the appointed day

A. The Local Health Authority is to continue with its present Ambulance Service and to run its own service.

## B. REDISTRIBUTION AND AUGMENTATION OF EXISTING RESOURCES:

There are no proposals for the redistribution and augmentation of existing resources other than the purchase of six new ambulances which have already been ordered, but at a later date the Authority is to give consideration to the possibility of complete or partial combination with the Fire Service.

## C. CONSULTATION WITH OTHER LOCAL HEALTH AUTHORITIES IN REGARD TO JOINT AGREEMENTS :

Arrangements will be made with the Lancashire County Council for the Ambulance Service in Turton Urban District to be provided by Bolton County Borough Council and for mutual assistance in emergency.

\* All future appointments are to be Driver-Attendants.

#### D. STAFF :

The staff enumerated in Part I, paragraph G3 will continue to be employed.

The Authority will make arrangements for securing that, as far as possible :—

(i) All ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health.

(ii) All such drivers and attendants shall be so trained as to be interchangeable in their duties.

#### E. MAINTENANCE AND SERVICING :

The maintenance and servicing arrangements described in Part I, Paragraph F.3 are to be continued.

#### F. CONVEYANCE OF PATIENTS BY RAILWAY :

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

#### G. CALL-OUT ARRANGEMENTS :

The Authority will keep informed all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough, of the action to be taken to call an ambulance.

## 2. Development Plan

(a) It is estimated that, in order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough to places in or outside the County Borough and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of 8 to 12 ambulances, 1 to 4 sitting-case cars, and 23 to 35 drivers and attendants. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit. The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff.

(b) The area of the Authority will be covered on the appointed day by an adequate day and night service. Six new ambulances are required before April 1st, 1948, in replacement of worn out vehicles.

(c) The authority desires to build a new Ambulance Station as soon as circumstances permit. The present station is an old adapted building which is unsuitable in several important respects for use as a permanent Ambulance Station. The situation of the new Ambulance Station cannot be determined until decisions have been made regarding the future development of Bolton Hospitals.

# PREVENTION OF ILLNESS, CARE AND AFTER-CARE

## (Section 28)

### TUBERCULOSIS

#### General Statistical Data :

Total Mid-1946 population of the Authority's area	161,120
Total number of cases on the Dispensary register, 1946—	
(a) Pulmonary Tuberculosis ... .. 418 ... }	654
(b) Non-Pulmonary Tuberculosis ... .. 236 ... }	
Number of patients sent for consultation, 1946	687
Total attendances at Dispensary ... ..	3,649

#### EXISTING SERVICE

The care and after-care of the tuberculous patient is in the hands of the Tuberculosis Officer and his staff. The Tuberculosis Officer is in close association with the various agencies in Bolton which are able to help in maintaining the welfare of the tuberculous patient. The Authority supplies beds, bedding and nursing requisites which may be required by patients nursed at home and provides surgical appliances free to any patients for whom they are necessary. The Tuberculosis Officer is in regular contact with the Housing Department of the Corporation which gives great assistance in the re-housing of the families of tuberculous patients living in overcrowded conditions. He also has periodic interviews with the Disablement Rehabilitation Officer of the Ministry of Labour to discuss the provision of suitable work or training and rehabilitation for patients who are fit for light work. The Tuberculosis Officer also maintains contact with the Bolton Guild of Help who give assistance in many domestic and social problems and with the British Red Cross who help in supplying extra food to tuberculous patients.

#### Description of Service which it is proposed to operate on the appointed day

The Local Authority proposes to delegate its duties for the Care and After-Care of Tuberculous persons to an After-Care Sub-Committee

of the Health Committee. The same Sub-Committee is also to be responsible for the Mental Health Services of the Authority and for any other After-Care Service which may be instituted. It does not propose to take steps to establish a Voluntary Tuberculosis Care Committee. The Authority proposes to ask the Regional Hospital Board to arrange for the appointment on an agreed basis, of the specialist physician of the Board concerned with the diagnostic and curative work in relation to tuberculous persons in Bolton, as Medical Advisor to the After-Care Sub-Committee. The Authority proposes to employ two nurses with special experience in the Care and After-Care of tuberculosis, and to arrange with the Regional Hospital Board that part of their time shall be spent working with the medical specialist in the dispensary.

The Authority is to loan the tuberculous patient and his family, free of cost, any furnishings and equipment which are necessary for his proper treatment at home. It is to provide him free with all the necessary surgical equipment and appliances. All steps are to be taken to co-operate with the appropriate local agencies in improving the housing, financial and other circumstances of the patient and to see that all efforts are made to secure suitable work or training for the patient with quiescent disease. The Specialist Physician of the Regional Board is to advise the After-Care Committee on the requirements of individual patients. The After-Care nurses are to familiarise themselves with the needs of patients and their families and are to visit their homes for this purpose.

#### DEVELOPMENT PLAN

The Authority proposes to establish workshops and an industrial centre either attached to a Sanatorium of the Regional Board (subject to the Board's consent), or separately, where patients suffering from tuberculosis can be trained in suitable occupations and afterwards can work under approved conditions.

The Authority is of the opinion that there is a need for small hostels as "night sanatoria" for persons suffering from tuberculosis, where they can live while they are working either in the special workshops and industrial centre or elsewhere. The Authority proposes to open such hostels when the opportunity offers.

The Authority is also of the opinion that there is a need for a hostel for elderly patients suffering from infectious tuberculosis who are not suitable for sanatorium treatment and who are well enough to order their own lives provided they can do so without danger to others. The Authority proposes to open such a hostel when circumstances permit.

The provision mentioned will be such as will not fall to be made by the Regional Hospital Board within the scope of the hospital services, and future arrangements for carrying the proposals into effect will be subject to special approval by the Minister of Health.

## **Mental Health Services to be provided by Bolton Local Health Authority**

### **Statement of Proposals**

#### **PART I**

#### **Statistical Data**

Population of the Area (Mid-1946)	...	...	161,120
(a) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	...	...	569
(b) Number of patients dealt with under these Acts by the Relieving Officers of the Area in the year ended 31st March, 1947	...	...	267
(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts in the course of the year 1946	...	...	17
(d) Number of persons reported to the Local Authority as Mentally Defective in that year	...	...	17

## PART II

### Proposals

#### A.

##### General

The Local Health Authority proposes to appoint a Mental Health and After-Care Sub-Committee of the Health Committee to be responsible for the Mental Health Services. The same Sub-Committee is also to be responsible for Tuberculosis After-Care and any other After-Care services which may be instituted.

In consultation with the Manchester Regional Hospital Board, the Local Health Authority is to appoint a psychiatrist to be responsible, subject to the general supervision of the Medical Officer of Health, for the organisation, control and medical direction of the service. The Manchester Regional Hospital Board is to be asked to make a specialist Medical Officer available to the Local Health Authority for consultation in difficult cases of Mental Deficiency. One or more of the Relieving Officers of the Social Welfare Department are to be appointed Authorised Officers to take the initial proceedings in providing care and treatment for persons suffering from Mental Illness. In addition, clerks of the staff of the Local Health Authority are to be appointed and trained to serve as Authorised Officers to act in emergencies which may arise in the absence of the persons appointed to be chiefly responsible for this duty.

A trained Mental Health Social Worker is to be appointed, when the opportunity offers, who is to be responsible to the psychiatrist for all the community care of persons suffering from Mental Illness and Mental Defectiveness. The Relieving Officers who are appointed as Authorised Officers are also to receive training and act as assistants to the Mental Health Social Worker.



## B.

**Medical**

The Manchester Regional Hospital Board is to be asked to advise and co-operate in the appointment of a psychiatrist who will give an agreed amount of his time to the organisation and control of the Mental Health Services in Bolton. The Manchester Regional Hospital Board is to be asked to make a specialist Medical Officer available to the Local Health Authority for consultation in difficult cases of Mental Deficiency. School Medical Officers who deal with educationally retarded children are also to be appointed certifying officers for the purposes of the Mental Deficiency Acts, referring doubtful cases to the Specialist Officer of the Regional Hospital Board.

## C.

**Non-Medical**

Relieving Officers who are specially experienced in the initial proceedings in providing care and treatment for persons suffering from Mental Illness are to be appointed as Authorised Officers for these purposes. They are to operate from the offices of the Local Health Authority and from their homes. They are to be assisted and relieved by clerks of the Health Department who are to receive appropriate training and are to be appointed Authorised Officers to act in emergencies in the absence of the specially appointed officers. A whole-time Mental Health Social Worker is to be appointed as soon as possible. The Relieving Officers appointed as Authorised persons are also to act as assistants to the Mental Health Social Workers, and further Mental Health Social Workers are to be appointed when the need arises.

An occupation and industrial centre for fifty defectives is to be established when suitable premises can be obtained. A supervisor and five assistants are to be appointed as staff for the centre. The Mental Health Social Worker is to be responsible for the care and training of defectives in the community. Every effort is to be made to co-ordinate the work of the Mental Health Social Worker and in particular, the administration of the occupation and industrial centre with the work of the Education Department.

## D.

**Ambulance Services**

The existing arrangements for an Ambulance Service for patients suffering from Mental Illness or Defectiveness are to be continued. The details of these arrangements have been submitted in the proposals made under Section 27 of the Act.

**Care and After-Care of Illness other than Mental Illness and Tuberculosis**

The Authority will seek to develop arrangements for affording all necessary care and after-care to patients discharged from hospital and other invalids, so, however, that the arrangements in this respect will be such as will lie outside the scope of the hospital and specialist services and of the provisions of Part III of the National Assistance Act.

So far as the Authority arranges under Section 28 for the follow-up of persons under treatment for, or known or believed to be suffering from, venereal disease, such arrangements will be carried out in co-operation with the Medical Officers of the Venereal Diseases treatment centres of the Régional Hospital Board.

The Authority, in connection with its arrangements under section 28, will seek to develop health education in its area by all appropriate means.

**Provision of Nursing Equipment and Apparatus**

The Authority proposes to establish in its central Health Offices a store of nursing equipment and apparatus which is to be available on loan to patients ill or infirm in their own homes. The equipment and apparatus is to be loaned on request from a doctor or midwife or nurse. A money deposit is to be made, varying in amount with the nature of the equipment or apparatus, to be repayable on the return of the equipment or apparatus in good condition subject to reasonable wear. The equipment or apparatus is to be delivered to the home of the patient by vehicles of the Ambulance Service.

The Articles which are to be available for loan are to include :—

Bed-pans, urinals, mackintosh sheets, feeding cups, sputum mugs, douche cans, undines, steam kettles, inhalers, air rings, bed cradles, electric blankets, water beds, bed rests, bed tables, bed blocks, sand bags, commodes, crutches, wheelchairs.

## DOMESTIC HELP

(Section 29)

### PART I

#### Statistical Data

- |   |         |
|---|---------|
| 1. Area in square miles of Local Health Authority's area  | 23.87   |
| 2. Mid-1946 population    ...    ...    ...    ...    ... | 161,120 |

#### EXISTING SERVICE

*A brief description should be given of any arrangements for home helps or domestic helps which are being operated now by the Council (or other Local Authorities) and the number of home helps or domestic helps employed under any such arrangements should be stated.*

A Home Help Service for lying-in mothers has been in operation in Bolton since 1934 and a Domestic Help Service since October, 1945. The Home Help Service and the Domestic Help Service are separated for costing purposes but in the day to day administration the two branches are organised as one service. Home and Domestic Helps are recruited through the personal contacts of municipal midwives, health visitors and of the helps already in the service. The number of Home and Domestic Helps employed varies between fifty and sixty and is inadequate for the demand which is made on the service. Maternity cases are generally given priority over other cases. In most instances, the Domestic Helps give the whole of their time to one case, but where the part-time services of a Help are sufficient, two or more cases are attended by the same Help. In the year ended 30th June, 1947, 221 Home Helps and 205 Domestic Helps were supplied. 12% of the Home Helps were supplied without charge to the mother,

78½% were supplied at a reduced cost and 9½% at maximum charge (10/6d. per day). 57% of the Domestic Helps were supplied without charge to the householder, 35% were supplied at a reduced cost and 8% at maximum charge (10/6d. per day).

Applications for Home and Domestic Helps are made to the Superintendent Health Visitor. Enquiries into the circumstances calling for Home or Domestic Help are made by Health Visitors. Assessment of the payment to be made for Home and Domestic Helps is based on an income scale approved by the Health Committee. The Superintendent Health Visitor is assisted in her work relating to Home and Domestic Helps by a clerk.

Courses of instruction for Home and Domestic Helps have been arranged by the Education Authority. Helps who attend the courses satisfactorily are given a specially designed badge.

## PART II

### **Description of the Service which will operate on the appointed day**

#### GENERAL ADMINISTRATIVE ARRANGEMENTS

The Local Health Authority is to delegate its powers in respect of Domestic Help to a Maternity and Child Welfare Sub-Committee. The same Sub-Committee will also be responsible for the Care of Mothers and Young Children and Health Visiting.

The Authority proposes to maintain a service of Domestic Helps for lying-in women and for persons who require Domestic Help in the home by reason of illness or infirmity. The Authority proposes to employ an organiser of Domestic Help and to pay her a salary in accordance with the clerical division (female) of the National Scales of the National Joint Council for Local Authorities, administrative, professional, technical and clerical services (£252, rising by annual increments of £12 to £288 per annum plus bonus). The organiser of

Domestic Help is to be under the general supervision of the Superintendent Health Visitor. Applications for Domestic Helps are to be made to the Organiser. She is to make enquiries into the circumstances of the persons making application for domestic help and is to determine whether a domestic help is necessary. The charges to be made for a Home Help are to range from a maximum charge to a free service and are to be determined by reference to a scale of charges approved by the Authority, after consideration of any basis of assessment which may be recommended for general use by the County Councils Association and the Association of Municipal Corporations. The supervision of the Helps in the home is to be undertaken by the Organiser and by the Health Visitors. If the Authority consider it desirable, the Organiser is to be given the use of a car to enable her to carry out her work more effectively.

The existing conditions of service of the Domestic Helps are to be continued and the Authority is to increase or decrease the rates of pay to Domestic Helps as it considers necessary.

The Authority estimates that the services of eighty Domestic Helps are required to meet fully the requests which are received for their services.

The Authority proposes to continue to co-operate with the Education Authority in the provision of courses of instruction for Domestic Helps who are employed by the Authority or who wish to be employed by the Authority.

Indoor uniform is to be provided for Domestic Helps and badges of merit are to be given to Domestic Helps who attend satisfactorily the courses which are being arranged for their instruction.

2. *An outline should be given of any special arrangements proposed to be made for rural parts of the area (see paragraph 62 of the Circular).*

None.

3. *Particulars should be given of any joint arrangements with another Local Health Authority.*

None.

## PART III

DEVELOPMENT PLAN (See paragraph 8 of the Circular)

*If on the appointed day the whole of the area will not be adequately covered by the service described in Part II, particulars should be given of the deficiencies and of the proposals for meeting them.*

The Authority expects that the demand for Domestic Help will continue to grow and proposes to increase the number of Domestic Helps in its employment to meet the need.

It is proposed at a future date to provide the Domestic Helps with an Outdoor Uniform.

The courses of training for Domestic Helps are to be enlarged and extended with the co-operation of the Local Education Authority and the advice of the National Institute of House-keepers.







COUNTY BOROUGH OF BOLTON

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EDUCATION COMMITTEE

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# ANNUAL REPORT

OF THE

## School Medical Officer

FOR THE YEAR 1948.

R. M. GALLOWAY, M.D., D.P.H.

School Medical Officer and Medical Officer of Health



Health Department,

BOLTON.

October 1949.

**To the Chairman and Members of the Special Services  
Sub-Committee of the Bolton Education Committee.**

The School Medical Officer begs to submit the Annual Report on the work of the School Health Service for the year 1948.

During the year under review a beginning had to be made in the adjustment of the School Health Service to the new National Health Service. The part to be played by the School Health Service in the new organisation is still not clearly defined. The new scheme of medical services is not complete nor will it be complete for some considerable time. Apart from all other considerations the shortage of doctors and dentists makes any perfect National Health Service impossible. In the immediate future the School Health Service must continue with its work of routine medical inspection of children in school, with the treatment of minor ailments for which general practitioners and hospitals have no time, and with its work amongst the various groups of handicapped pupils. It should extend the provision it makes for the dental treatment of school children.

It has not been possible to carry out the medical inspection of the 1948 school entrants nor to complete the examination of primary school leavers because of shortage of medical staff. It is hoped that the difficulties in securing suitable applicants for work in the School Health Service will soon be solved. There was a substantial reduction in the number of children attending the Minor Ailments Clinic immediately after the introduction of the National Health Service Act but the reduction was not maintained and by the end of the year the attendances were much as usual. Although it has not been possible to increase the dental treatment available for school children, the Authority has been more fortunate than many areas in being able to maintain its existing service.

During the year, two Aural Clinics were started. The clinics are held at fortnightly intervals with Mr. W. B. McKelvie in charge of the Flash Street Clinic and Mr. G. G. Mowat of the Charles Street Clinic. The new arrangements are serving a very useful purpose both for the School Health Service and for the Hospital Service. The specialist advice of the aural surgeons has been very valuable in assessing the needs of children with ear, nose and throat defects. The surgeons see children who are said to be in need of operative treatment for tonsils and adenoids and other conditions, without reference to the hospitals.

The work of the Ophthalmic Clinics has been extended by the appointment of Dr. J. Morrison as Ophthalmic Surgeon at the Flash Street Clinic. He conducts a weekly session. Regulations made under the National Health Service Act changed the arrangements for the supply of spectacles to children examined at the Ophthalmic Clinics. Before the 5th July, 1948, an optician was in attendance at the school clinic to fit the glasses prescribed by the Ophthalmic Surgeon. The child was seen at the clinic wearing the fitted glasses and the whole procedure of obtaining glasses was completed in three or four weeks. Since the 5th July, 1948, the Ophthalmic Surgeon has examined the child at the clinic and when glasses have been prescribed the child has been taken to the optician of the parents' choice. There have been long delays in obtaining glasses. The officers of the School Health Service have had to make special enquiries at the schools to discover whether the child has, in fact, obtained glasses whereas formerly the whole matter was dealt with in a routine way at the clinic. It is hoped that revised arrangements may, in future, provide a service which will be as satisfactory as that in operation before the 5th July, 1948.

The Orthopaedic scheme for school children which had been in operation in Bolton for many years ended with the commencement of the National Health Service Act. There has been a reversion to the arrangements which operated before the Education Committee Scheme was inaugurated. Cripple children require long continued supervision during treatment which may continue for years and their education often requires very special consideration. Thanks to the generous co-operation of the Orthopaedic Surgeon, Mr. Milner, the

Local Education Authority is continuing to receive as much information about cripple children as the new service allows, but in general the abandonment of the Education Authority's arrangements has not been in the best interests of school children suffering from serious crippling defects.

### **MEDICAL INSPECTION.**

The age groups subjected to periodic Medical Inspection, are those prescribed by Regulation 49 (2) (a), (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945 :—

ENTRANTS—Children examined as soon as possible after admission to the school (i.e., at age of 3, 4 or 5 years).

SECOND AGE GROUP—Children examined in Junior Departments who are in their last year of attendance at a Primary School (i.e., age 10 or 11 years).

THIRD AGE GROUP—Children examined who are in their last year of attendance at a Secondary School (i.e., at age of 14 years and over).

The pupils in Special and Nursery Schools are also inspected in accordance with the requirements of the Ministry of Education.

### **GENERAL CONDITION.**

The general physical condition of the school population has been well maintained during the year. Of the 4,952 pupils inspected during the year in the routine age groups, the general condition of 1,336 or 26·9% was good, 3,407 or 68·8% fair, and 209 or 4·2% poor.

School meals have contributed to the physical well-being of the children. During the year Bolton school children receiving meals numbered 11,000 and 2,462,324 meals were provided.

### **UNCLEANLINESS.**

The Municipal Medical Baths continue to work satisfactorily. Two whole-time women attendants and a part-time male attendant are employed. Verminous conditions of the head are treated on three morning sessions weekly. During 1948, 236 children were treated.

## SCABIES.

The decrease in the incidence of scabies which was noted last year has been maintained. During the year 267 treatments for scabies were given to 103 children at the Municipal Medical Baths.

## DENTAL DEFECTS.

Of 15,506 children inspected by the dental surgeons in routine and special inspections, 8,915 were found to require treatment and 5,982 received treatment.

The actual figures for the work carried out are as follows :—

ROUTINE CASES—						Total
No. of cases treated	...	...	...	...	...	3,558
No. of attendances	...	...	...	...	...	5,502
No. of temporary teeth extracted	...	...	...	...	...	4,812
No. of permanent teeth extracted	...	...	...	...	...	640
No. of temporary teeth filled	...	...	...	...	...	673
No. of permanent teeth filled	...	...	...	...	...	2,885
No. of general anæsthetics administered	...	...	...	...	...	1,066

### CASUAL CASES—

No. of cases treated	...	...	...	...	...	2,424
No. of attendances	...	...	...	...	...	3,931
No. of temporary teeth extracted	...	...	...	...	...	3,161
No. of permanent teeth extracted	...	...	...	...	...	384
No. of temporary teeth filled	...	...	...	...	...	196
No. of permanent teeth filled...	...	...	...	...	...	501
No. of general anæsthetics administered	...	...	...	...	...	583

## INFECTIOUS DISEASE.

No schools were closed during 1948 on account of infectious disease. During the year 256 children between 5 and 15 years and 2,108 children under 5 years, were immunised against diphtheria. In addition 790 children who had already been immunised received a re-inforcing dose during their first year at school.

## FLASH STREET SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN.

			Boys.	Girls.
No. of children on the roll, December, 1948	...	...	48	34
No. of children admitted during 1948	...	...	4	3
No. of children discharged during 1948	...	...	4	4

## THE THOMASSON MEMORIAL SPECIAL SCHOOL.

The Thomasson Memorial Special School is a residential school for deaf and partially deaf children and draws its pupils from a wide area. Children who live in the borough, with a few exceptions, attend the school as day scholars. The school has two departments, one for the deaf and the other for the partially deaf.

The pupils attending the Thomasson Memorial Special School in common with those attending other types of special schools, are examined annually in a routine way by one of the Assistant School Medical Officers. A Medical Officer visits the school twice weekly and more often when necessary.

During the year, Mr. G. G. Mowat, F.R.C.S., the Aural Surgeon to the school, paid 8 visits and made 154 examinations of children.

### BOLTON AREA :

			Boys.	Girls.
No. of children on the roll, December, 1948	...	...	11	5
No. of children admitted during 1948	...	...	2	—
No. of children discharged during 1948	...	...	1	1

### OUTSIDE AREAS :

No. of children on the roll, December, 1948	...	...	35	20
No. of children admitted during 1948	...	...	7	3
No. of children discharged during 1948	...	...	8	—



## LOSTOCK OPEN AIR SCHOOL.

The following are the relevant figures for 1948 :—

	Boys.	Girls.
No. of children admitted during the year (New cases) .. .. .	76	65
No. of children on the roll, December, 1947, and re-admitted January, 1948 .. ..	44	33
Total ..	<u>120</u>	<u>98</u>

No. of children discharged during the year by the Medical Officer .. .. .	45	22
No. of children withdrawn by parents ..	43	50
No. of children excluded .. .. .	1	—
No. of children in residence, December, 1948	40	39

## NURSERY SCHOOLS.

The following are the relevant figures for 1948 :—

### KAY STREET NURSERY SCHOOL :

No. of children on the roll, December, 1948 ..	93
No. of children admitted during 1948 .. ..	58
No. of children transferred to elementary schools ..	29
No. of children removed by parents .. .. .	24

### PIKES LANE NURSERY SCHOOL :

No. of children on the roll, December, 1948 ..	100
No. of children admitted during 1948 .. ..	65
No. of children transferred to elementary schools ..	40
No. of children removed by parents .. .. .	26

### **Employment of Children and Young Persons.**

Two hundred and thirty-nine children were examined during 1948 for employment outside school hours in accordance with the Bye-laws made under the Children and Young Persons Act, 1933. Certificates were refused in 16 cases.

Thirty-four children who had made application for Juvenile Performers' Licences under the Employment of Children in Entertainments Rules, 1933, were examined and licences were granted in each case.

### **LIP READING CLASSES.**

Lip reading classes are held once a week at St. George's School and Sunning Hill School, respectively. A fully qualified teacher of the deaf is in charge of each centre.

### **CHILDREN UNABLE TO ATTEND SCHOOL THROUGH PHYSICAL DISABILITIES.**

The arrangements under this heading remain the same as last year.

During the year, 15 children have been on the books of the teachers, and altogether, 752 hours of actual instruction have been given to these children.

### **HANDICAPPED PUPILS.**

The Minister of Education, in the Handicapped Pupils and School Health Service Regulations, 1945, has determined that certain categories of children require special educational treatment.

The several categories of pupils requiring special educational treatment are given below, together with the number in each category found by the Assistant School Medical Officers at their periodic and special inspections during the year :—

(a) Blind	...	...	...	...	...	1
(b) Partially Sighted	...	...	...	...	...	1
(c) Deaf	...	...	...	...	...	1
(d) Partially Deaf	...	...	...	...	...	7
(e) Delicate	...	...	...	...	...	141
(f) Diabetic	...	...	...	...	...	—
(g) Educationally Sub-normal	...	...	...	...	...	26
(h) Epileptic	...	...	...	...	...	3
(i) Maladjusted	...	...	...	...	...	5
(j) Physically Handicapped	...	...	...	...	...	4
(k) Pupils suffering from Speech Defects	...	...	...	...	...	19
						208

(a) Blind Pupils who have no sight or whose sight is likely to become so defective that they require education by methods not involving the use of sight :—

One additional blind pupil was found during the year. The child was also notified to the local Health Authority under Section 57 (3) of the Education Act, 1944, and is awaiting admission to a suitable Home for the Blind.

(b) Partially Sighted Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight :—

One partially sighted child encountered during the year is awaiting admission to a special school for partially sighted children.

(c) Deaf Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language :—

One deaf child ascertained during the year is awaiting admission to a boarding special school.

(d) Partially Deaf Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils :—

Of the 7 partially deaf children found during the year, 3 have been admitted to the Thomasson Memorial Special School for the deaf and partially deaf and 4 are attending lip-reading classes.

(e) Delicate Pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school :—

Special educational treatment has been provided for the 141 delicate children at Lostock Open Air School.

(f) Diabetic Pupils suffering from diabetes, who cannot obtain the treatment they need while living at home and require residential care :—

There are no records of any children suffering from diabetes who cannot receive the treatment they require while living at home.

(g) Educationally Subnormal Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools :—

Of the 26 children found to require special examination on account of being educationally retarded, the following recommendations have been made :—

Suitable for education <sup>†</sup> in an ordinary school	...	4
Suitable for education in an ordinary school with special educational treatment as an educationally subnormal pupil	... ..	3
Suitable for education in a special school for educationally subnormal children as a day pupil	...	9
Suitable for education in a special school for educationally subnormal children as a boarder	... ..	2
Children reported to the Local Authority for the purposes of the Mental Deficiency Acts under Section 57, Subsections 3 and 5 of Education Act, 1944	... ..	8

(h) Epileptic Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school :—

The 3 children classified as suffering from epilepsy and requiring special educational treatment on this account, are awaiting admission to boarding special schools.

(i) Maladjusted Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment :—

It was found necessary to refer 4 such children to the Child Guidance Clinic under the Salford Education Committee, and 1 recommended for a hostel or boarding home, or, failing this, to a boarding special school.

(j) Physically Handicapped Pupils not being pupils suffering solely from a defect of sight or hearing, who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development :—

Four children, classified as physically handicapped, are awaiting admission to boarding special schools.

(k) Pupils suffering from Speech Defect, who, on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment :—

During the year, 19 children attending ordinary schools have been referred to the Speech Therapist for treatment and training. The Speech Therapist resigned her appointment with the Bolton Education Committee on the 31st May, 1947, and has not yet been replaced.

## STATISTICAL TABLES

These Tables are appended.

## COUNTY BOROUGH OF BOLTON.

Table I.

**MEDICAL INSPECTION RETURNS YEAR ENDED  
31st DECEMBER, 1948.**

**MEDICAL INSPECTIONS OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING SPECIAL SCHOOLS).**

**A.—PERIODIC MEDICAL INSPECTIONS.**

(Regulation 49 (2) of the Handicapped Pupils and School Health  
Service Regulations, 1945).

**Number of Inspections in the prescribed Groups :**

Entrants	..	..	..	..	..	1,048
Second Age Group	..	..	..	..	..	2,176
Third Age Group	..	..	..	..	..	1,314
Total	..	..	..	..	..	4,538
Number of other Periodic Inspections	..	..				414
Grand Total	..	..				4,952

**B.—OTHER INSPECTIONS.**

Number of Special Inspections	..	..	..	8,049
Number of Re-inspections	..	..	..	6,468
Total	..	..	..	14,517

**C.—PUPILS FOUND TO REQUIRE TREATMENT.**

**NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC  
MEDICAL INSPECTION TO REQUIRE TREATMENT  
(excluding Dental Diseases and Infestation with Vermin).**

GROUP.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ... ..	101	192	250
Second Age Group ... ..	307	300	533
Third Age Group ... ..	217	173	343
Total (prescribed groups) ... ..	625	665	1,126
Other Periodic Inspections ... ..	39	118	137
Grand Total ... ..	664	783	1,263

## COUNTY BOROUGH OF BOLTON.

Table II.

**A. RETURN OF DEFECTS FOUND BY MEDICAL  
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1948.**

Defect Code No.	DEFECT OR DISEASE.  (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
		(2)	(3)	(4)	(5)
4	Skin ... ..	85	7	405	5
5	Eyes—a. Vision ... ..	655	326	81	10
	b. Squint ... ..	118	4	35	2
	c. Other... ..	26	3	47	1
6	Ears—a. Hearing ... ..	48	37	47	59
	b. Otitis Media ... ..	49	5	165	16
	c. Other... ..	90	8	140	60
7	Nose and Throat ... ..	147	276	563	190
8	Speech ... ..	15	16	36	22
9	Cervical Glands ... ..	10	43	13	16
10	Heart and Circulation ... ..	20	23	50	18
11	Lungs ... ..	36	59	86	21
12	Developmental—				
	a. Hernia ... ..	34	26	13	3
	b. Other ... ..	18	69	13	4
13	Orthopaedic—				
	a. Posture ... ..	66	6	7	1
	b. Flat foot ... ..	1	—	11	2
	c. Other ... ..	46	47	42	10
14	Nervous system—				
	a. Epilepsy ... ..	2	1	7	6
	b. Other ... ..	1	—	4	11
15	Psychological—				
	a. Development ... ..	2	5	20	19
	b. Stability ... ..	1	—	8	19
16	Other ... ..	57	28	285	108



Table II.—Continued.

**B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING  
THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils Inspected,	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ... ..	1,048	194	18.5	803	76.6	51	4.8
Second Age Group ... ..	2,176	614	28.2	1,501	68.9	61	2.8
Third Age Group ... ..	1,314	414	31.5	818	62.2	82	6.2
Other Periodic Inspections ... ..	414	114	27.5	285	68.8	15	3.6
Total ... ..	4,952	1,336	26.9	3,407	68.8	209	4.2

Table III.

## TREATMENT TABLES.

## Group I.—Minor Ailments.

(Excluding Uncleanliness, for which see Table V).

							Number of Defects treated, or under treat- ment during the year.
(a)							
SKIN							
Ringworm—Scalp :							—
(i) X-Ray treatment ... ..	...	...	...	...	...	...	—
(ii) Other treatment ... ..	...	...	...	...	...	...	3
Ringworm—Body ... ..	...	...	...	...	...	...	17
Scabies ... ..	...	...	...	...	...	...	46
Impetigo ... ..	...	...	...	...	...	...	503
Other skin diseases ... ..	...	...	...	...	...	...	302
Eye Disease ... ..	...	...	...	...	...	...	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).							
Ear Defects ... ..	...	...	...	...	...	...	385
Miscellaneous ... ..	...	...	...	...	...	...	5,140
(e.g., minor injuries, bruises, sores, chilblains, etc.).							
Total ... ..	...	...	...	...	...	...	6,396

(b) Total number of attendances at Authority's minor  
ailments clinics ... .. 21,034

Table III.—Continued.

**TREATMENT TABLES.**—(*continued.*)**Group II.—Defective Vision and Squint.**

(Excluding Eye Disease treated as Minor Ailments—Group I).

					No. of defects dealt with.
Errors of Refraction (including squint)	...	...	...	...	936
Other defect or disease of the eyes (excluding those recorded in Group I)	...	...	...	...	14
Total	...	...	...	...	950

No. of pupils for whom spectacles were

(a) Prescribed	...	...	...	...	832
(b) Obtained	...	...	...	...	636

**Group III.—Treatment of Defects of Nose and Throat.**Total number  
treated.

Received operative treatment—

(a) for adenoids and chronic tonsillitis	...	...	...	563
(b) for other nose and throat conditions	...	...	...	—

Received other forms of treatment

Total	...	...	...	...	653
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**Group IV.—Orthopaedic and Postural Defects.**

(a) No. treated as in-patients in hospitals or hospital schools	...	...	...	...	35
(b) No. treated otherwise, e.g., in clinics or out-patient departments	...	...	...	...	301

**Group V.—Child Guidance Treatment and Speech Therapy.**

No. of pupils treated—

(a) under Child Guidance arrangements	...	...	...	4
(b) under Speech Therapy arrangements	...	...	...	—

Table IV.—DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) Periodic age groups	...	...	...	...	13,082
(b) Specials	..	..	..	..	2 4
<hr/>					
(c) TOTAL (periodic and specials)	...	...	...	...	15,506
<hr/>					
(2) Number found to require treatment	..	..	..	..	8,915
(3) Number actually treated	..	..	..	..	5,982
(4) Attendances made by children for treatment	..	..	..	..	9,433
(5) Half-days devoted to	{ Inspection .. .. 91 Treatment .. .. 1,627 }				Total 1,718
(6) Fillings	{ Permanent teeth 3,386 Temporary teeth 869 }				Total 4,255
(7) Extractions	{ Permanent teeth 1,024 Temporary teeth 7,973 }				Total 8,997
(8) Administrations of general anæsthetics for extractions	..	..	..	..	1,649
(9) Other Operations	{ Permanent teeth 1,326 Temporary teeth 970 }				Total 2,296

Table V.—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	44,935
(ii) Total number of individual pupils found to be infested	...	...	...	...	2,144
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	173
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	65

Table VI.

## SCHOOL MEDICAL AND DENTAL STAFF.

NAME OF MEDICAL OFFICERS	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICER :		
Galloway, Robert M. ... ..	10%	90%
ASSISTANT SCHOOL MEDICAL OFFICERS :		
Litt, John	100%	—
Parker, Jean B. (Miss) ... ..	91%	9%
Reed, John... ..	—	100%
(Resigned 31/8/48)		
NAME OF DENTAL OFFICERS	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SENIOR DENTAL OFFICER :		
	—	—
ASSISTANT DENTAL OFFICERS :		
Bray, Stanley J. ... ..	100%	—
Keighley, Richard B. ... ..	100%	—
Wignall, Bessie (Miss) ... ..	100%	—
Coates, Dorothy (Miss) ... ..	100%	—

## SCHOOL NURSING STAFF.

(excluding Specialist Nurses such as Orthopædic Nurses.)

NURSES	Number of Officers	Aggregate of time given to S.H.S. work in terms of whole time officers
School Nurses... ..	14	9
District Nurses ... ..	—	—
Nursing Assistants* ... ..	—	—
Dental Attendants ... ..	4	4

\*This term refers to the untrained assistants described in paragraph 3 of Circular 1604.

